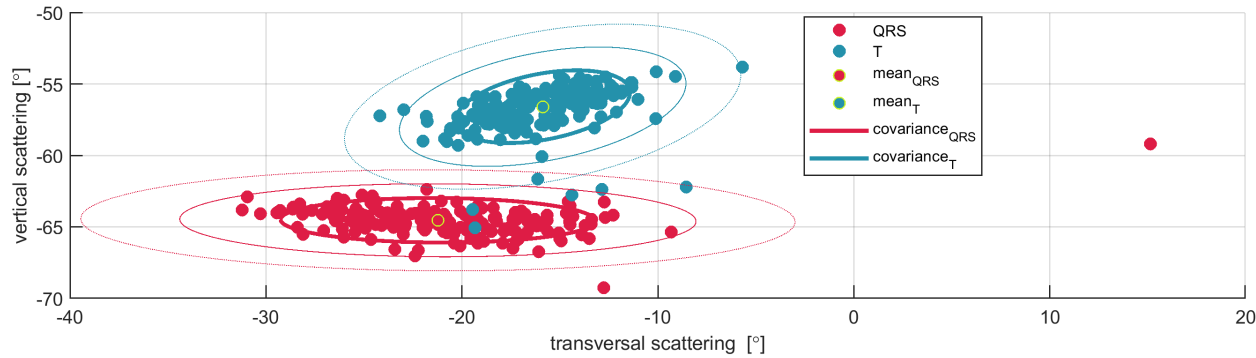
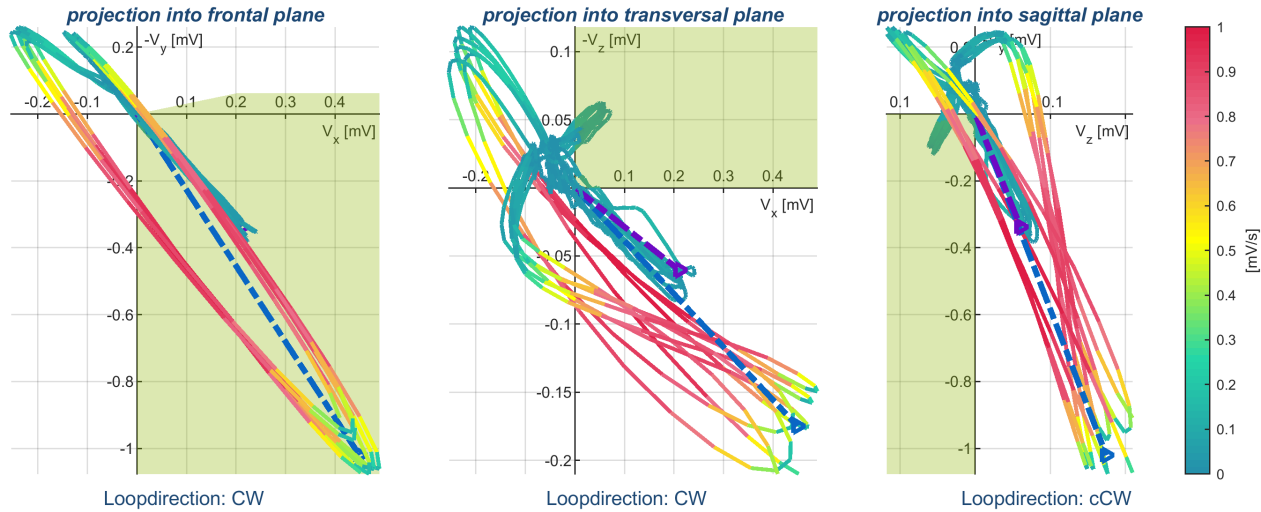


## Vectorcardiography



## Pretest Risk

Not specified

## VCG results

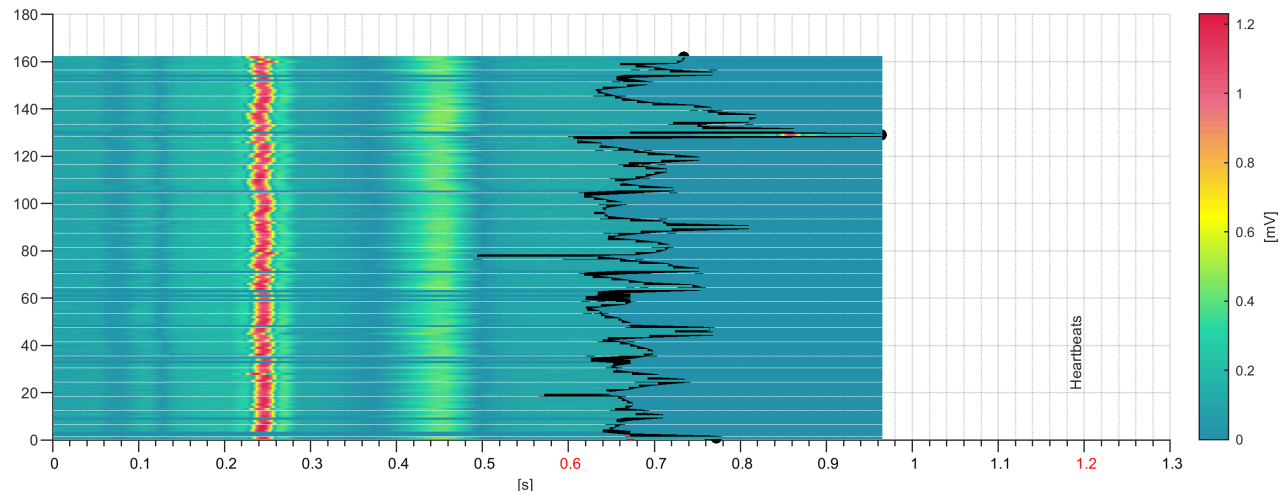
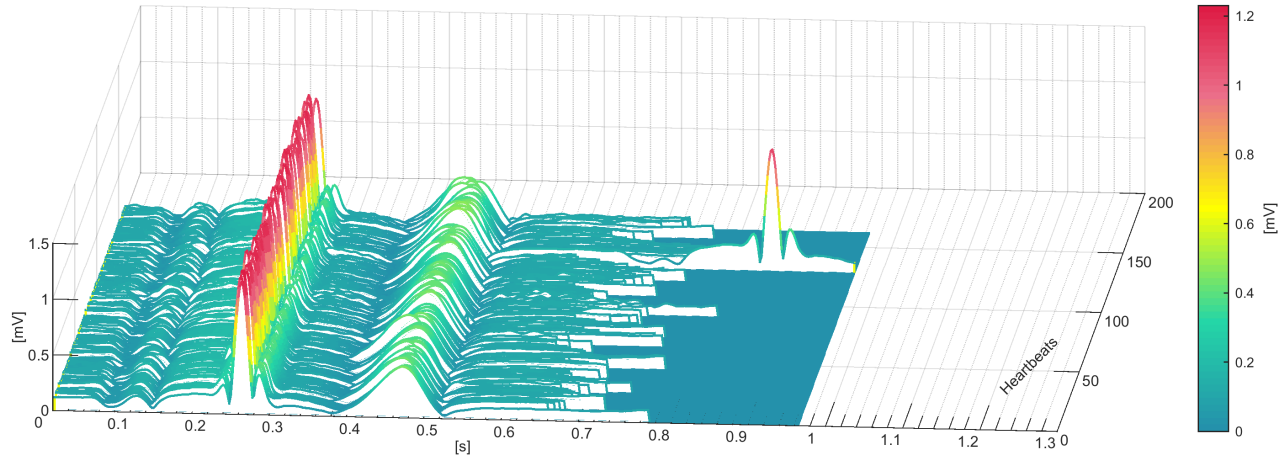
Parameter	Value	Unit	Reference
CSG-Index:	-0.645		< -0.27
3D QRS vector:	66	°	-30 — 90
3D T vector:	58	°	-30 — 90
3D QRS T angle:	9	°	< 100
Superposition:	<b>32.52</b>	%	> 50
T Magnitude:	0.81	mV	> 0.4

One or more VCG values outside normal range.

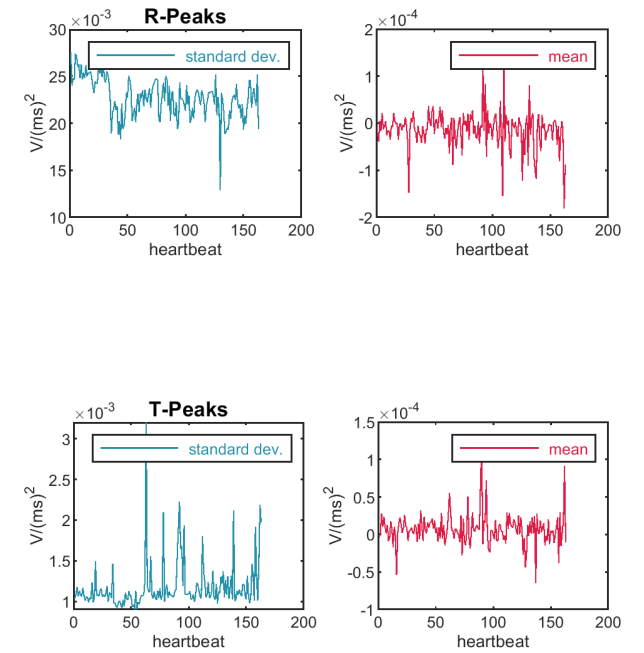
## Scatter Analysis

Parameter	Value	Unit	Reference
Scatter QRS:	2.3	°	< 4,5
Scatter T:	2.1	°	< 10

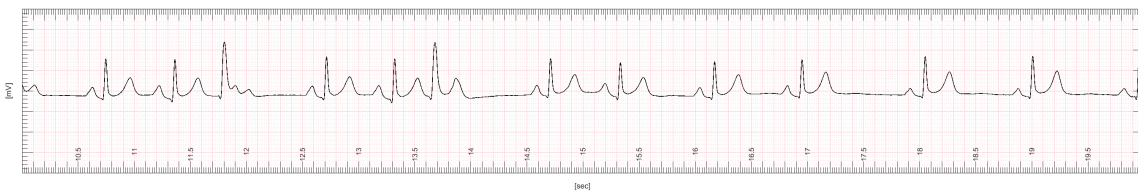
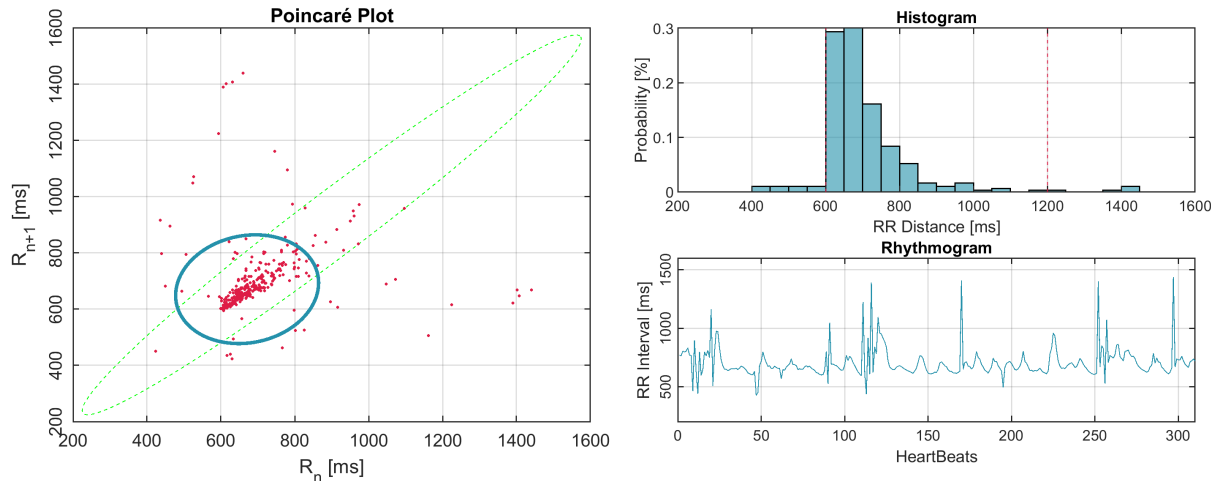
### 3D Absolute Cardiogram



### Restriction Analysis



## Rhythm Analysis



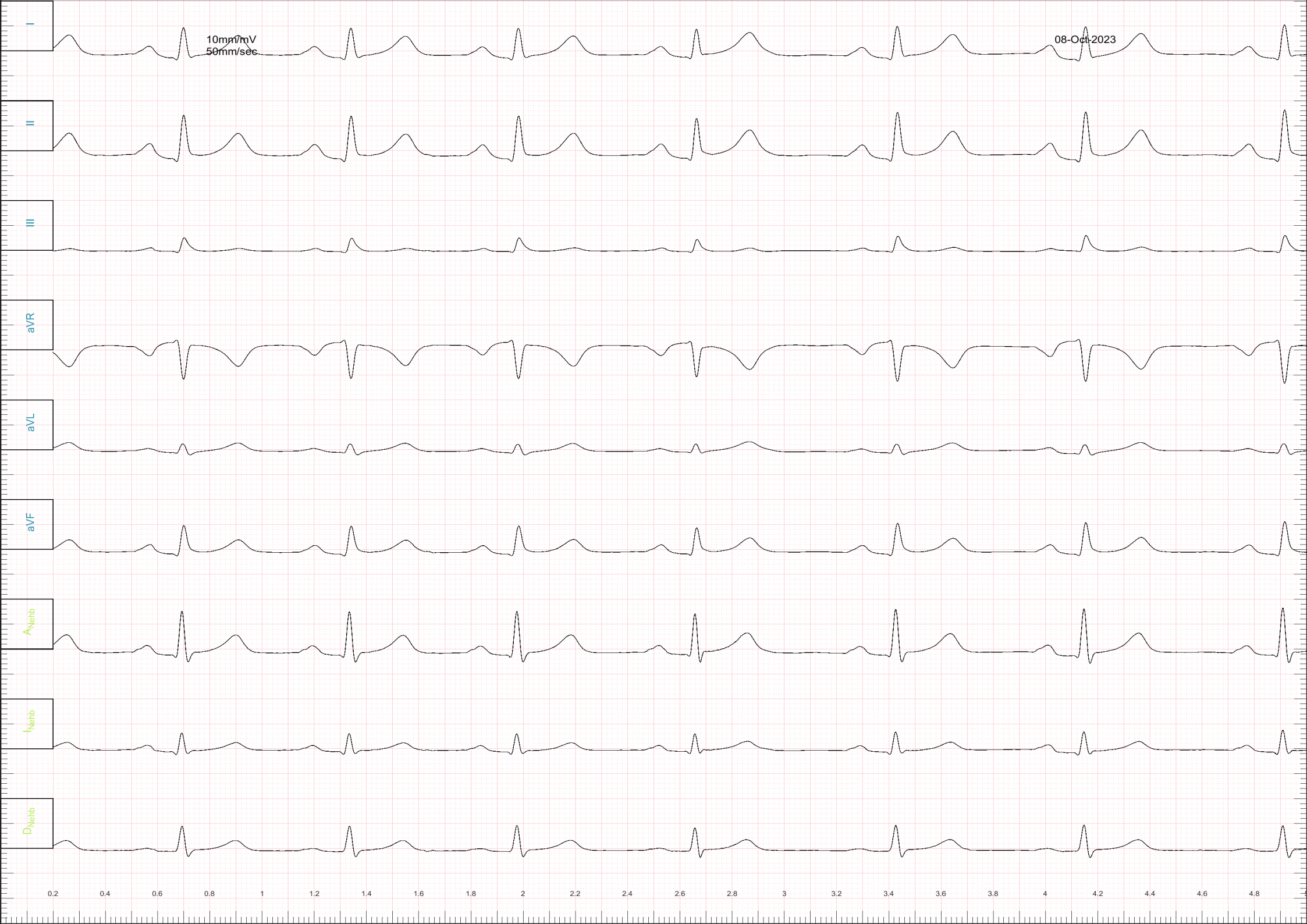
## ECG results

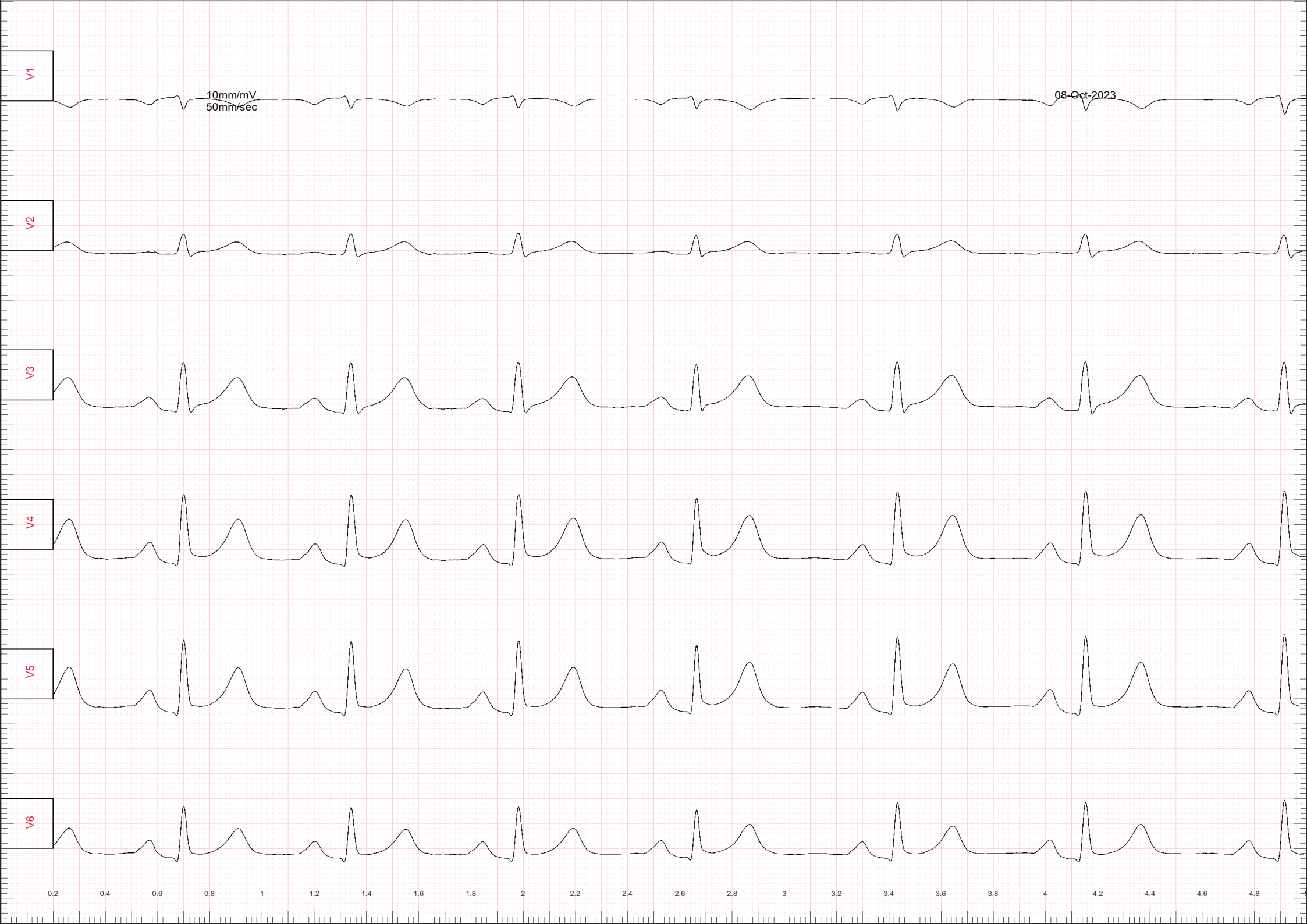
Parameter	Value	Unit	Reference
HF:	87	1/min	50 – 100
RR:	682	ms	-
PP:	680	ms	-
P:	112	ms	< 120
PQ:	168	ms	120 – 200
QRS:	68	ms	< 120
Cabrera:	Vertical axis		
QT:	326	ms	< 460
QTc Bazett:	392	ms	< 460
QTc Fridericia:	369	ms	< 460

One or more ECG values outside normal range.

Rhythm parameters	Value	Unit	Reference
Percentage of heartbeats outside the norm	13	%	< 10

Heartbeats outside the norm can indicate extrasystoles, sinus arrhythmia and cardiac arrhythmias such as atrial fibrillation, atrial flutter or AV block. In combination with the clinical findings, further clarification by means of rhythm analysis in a conventional 12-lead ECG is recommended.





V1

10mm/mV  
50mm/sec

08-Oct-2023

V2

V3

V4

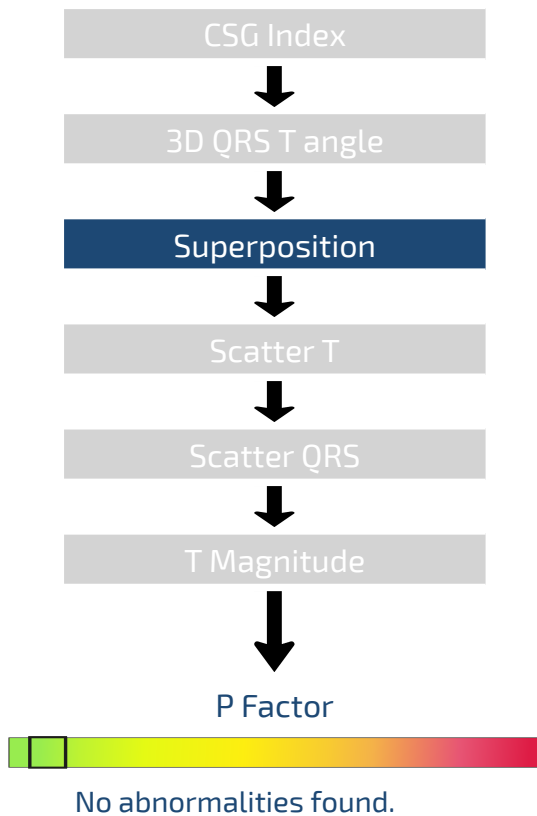
V5

V6

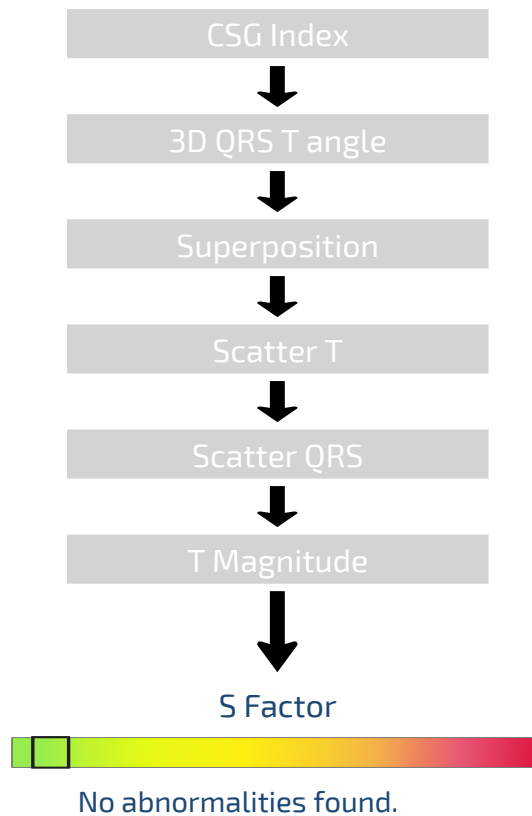
0.2 0.4 0.6 0.8 1 1.2 1.4 1.6 1.8 2 2.2 2.4 2.6 2.8 3 3.2 3.4 3.6 3.8 4 4.2 4.4 4.6 4.8

By combining vectorcardiography, electrocardiography and artificial intelligence Cardisioigraphy offers a variety of new parameters for the assessment of cardiac disease. All parameters must be interpreted individually as part of the overall clinical assessment. To aid in the decision-making process, the risk factors for perfusion, structure and arrhythmia with a corresponding decision tree are shown below.

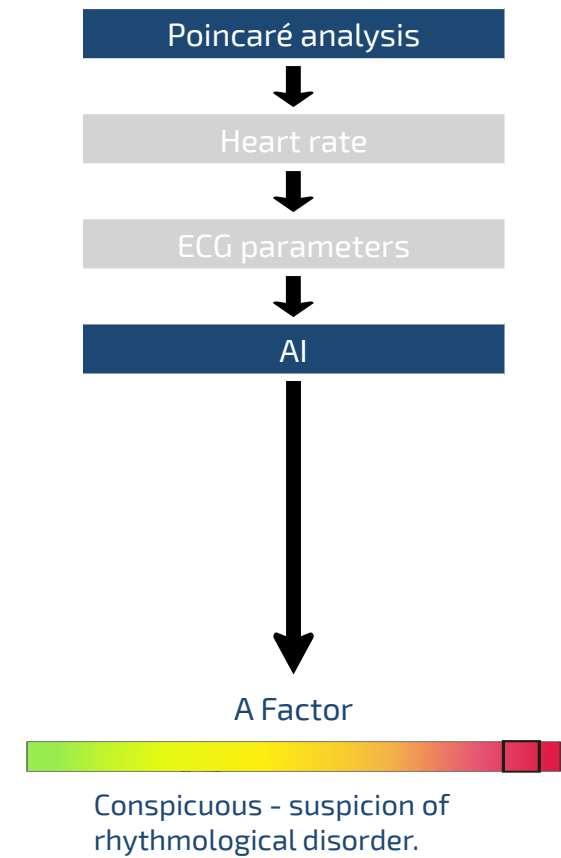
### Perfusion



### Structure



### Arrhythmia



The diagnostic accuracy of the method can vary depending on prevalence and patient profile.