Patient Information

Name:	N/A	Age:	N/A
Date:	01-12-2025	ID:	N/A

ECG Features

Feature	Value
Heart Rate Bpm	199.66116063900859
Sdnn Ms	4.377160002216631
Rmssd Ms	7.03835645150639
Pnn50 Percent	0.15060240963855423
R Peak Count	665
P Peak Count	665
Q Peak Count	665
S Peak Count	665
T Peak Count	663
RR Intervals (s)	Mean: 0.301, Max: 0.326
QRS Widths (s)	Mean: 0.143, Max: 0.154
ST Intervals (s)	Mean: 0.079, Max: 0.110

Automated Interpretation

Based on the patient ECG analysis, here are some key observations and potential implications:

1. **Heart Rate:** The heart rate is elevated at 199.7 bpm, which is above the normal range of 60-100 bpm. This could indicate tachycardia or an abnormal response to physical activity.

2. **RR Interval Mean and Std:** The mean RR interval (0.301 s) is slightly longer than expected, while the standard deviation (0.004 s) is within normal limits. However, the increased variability in heart rate may suggest autonomic nervous system imbalance or cardiac arrhythmia.

3. **SDNN and RMSSD:** SDNN (standard deviation of normal-to-normal intervals) is 4.4 ms, which is slightly elevated. This could indicate some level of parasympathetic dominance or autonomic instability. RMSSD (root mean square successive differences) is 7.0 ms, which is within a relatively normal range.

4. **pNN50:** The pNN50 value (proportion of normal-to-normal intervals that differ by more than 50 ms) is very low at 0.2%. This suggests minimal heart rate variability and may indicate reduced parasympathetic activity or increased sympathetic dominance.

5. **QRS Duration Mean and ST Segment Mean:** Both QRS duration and ST segment mean are within a relatively normal range, indicating no obvious signs of myocardial ischemia or infarction.

6. **R Peak Count:** The R peak count is 665, which is significantly higher than expected for a healthy adult (typically around 600-800). This could indicate increased vagal tone or some form of parasympathetic activation.

Potential Implications:

* The patient may be experiencing stress, anxiety, or an acute illness.

* There may be underlying cardiac conditions such as supraventricular tachycardia (SVT) or ventricular arrhythmias.

* Autonomic nervous system imbalance or chronic stress could be contributing to the observed ECG abnormalities.

Recommendations:

* Further evaluation is needed to determine the cause of the elevated heart rate and abnormal ECG findings.

* A thorough medical history, physical examination, and additional diagnostic tests (e.g., echocardiogram, exercise test) may be necessary to rule out underlying cardiac conditions or identify potential causes of autonomic instability.

Please note that this analysis is based on a limited dataset and should not be used as the sole basis for diagnosis or treatment decisions. A comprehensive clinical evaluation and further testing are essential to determine the patient's specific condition and develop an effective treatment plan.