PR analyze

Overview

Total 299. 3 in CPSC2018_2, and 296 in PTBXL.

HR00143

Label: PR

1. P wave -- not obvious
2. The spike is close to QRS wave
3. T wave -- weak
4. The whole ECG signal is irregular

For PR recognition:

The spike is much lower than Q waves(Or interval?). So the template might work on this figure.

It is not certain whether the spike is close to QRS wave will have an impact.

HR00382

Label: PR

1. The jitter of the ECG signal is obvious

2. Still have that spike(very rare, which I marked) but seems not regular.

   -- It is strange cause I though PR interval is regular. SO maybe it is some kind of **NOISE**.
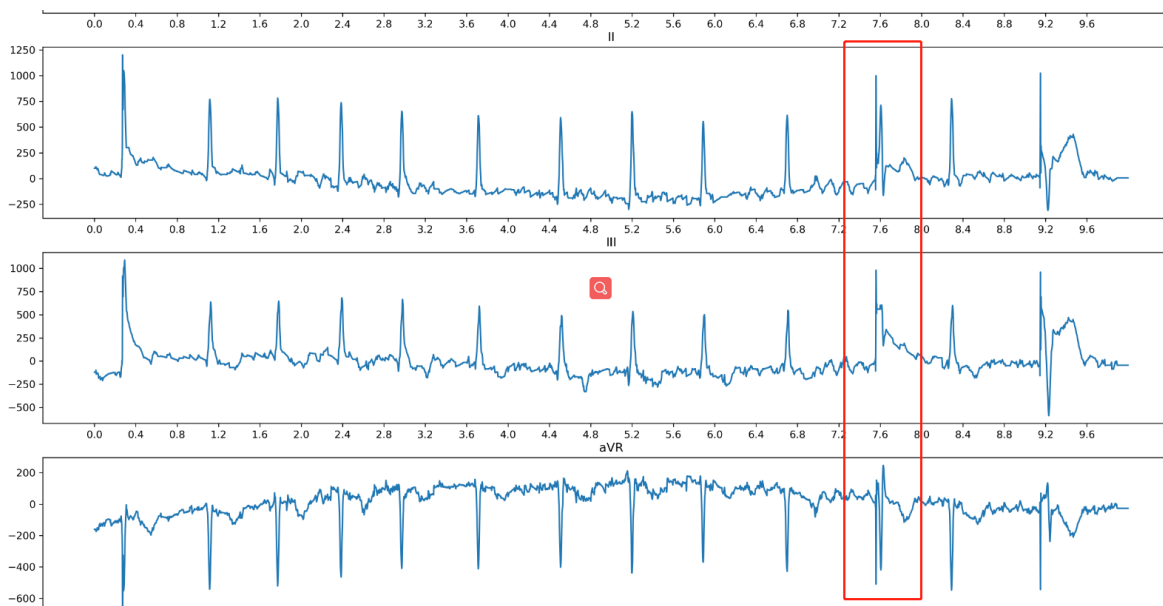
3. I think other high waves are QRS waves

I think it is more like Atrial fibrillation, not Pacing Rhythm.

HR00385

Label: PR

    1. Not regular in lead I
    2. Could be positive or negative, and the height is different

For PR recognition:

Use the width of the interval, not the height.

HR01399/HR01461/HR00498

Label: PR

where is P wave?

where is QRS or where is PR interval?

But it is easy to find spike by eyes.

HR01596

Label: PR, ICA, STE

    1. Seems to have a lot of noise interference
    2. The highest waves should be QRS waves.

-- hard to find the PR interval!

For recognition:

Hard to find which one is the PR interval.

-- Need to deal with interference from other diseases
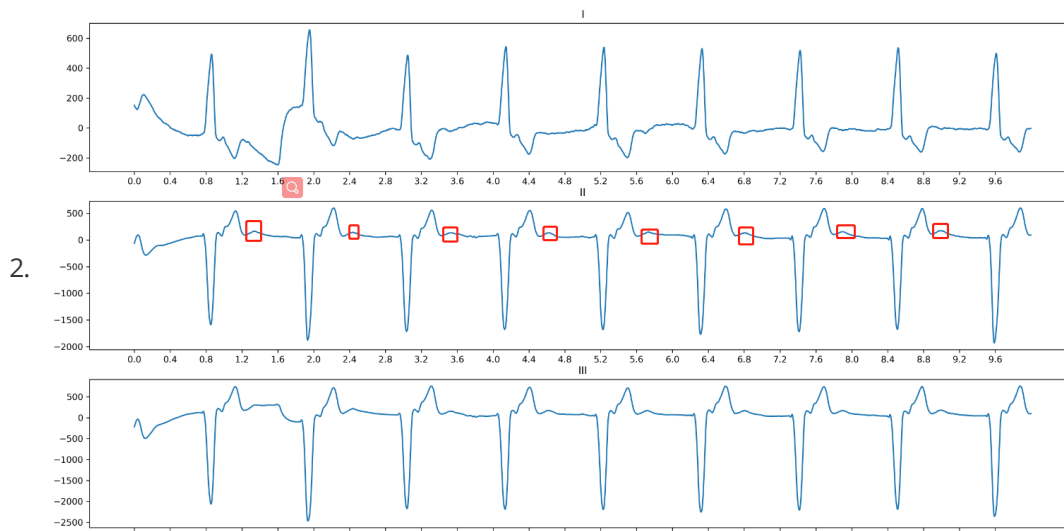
HR01717

Label: PR, SB

    1. Cannot find the spike.

Q0398

Label: PR, LVH, OldMI, MI, NSSTTA

    1. Hard to find the spike.

Maybe it is one marked on red.

For recognition:

If it is the one marked on red, then it hard to use the width of interval. or maybe it is the little spike before the minus wave(I consider it as QRS waves)

Q1033

Label: PR, NSSTTA

1. hard to find the spike
2. where is P, T waves

Q1807

Label: PR, NSSTTA, SNR

1. hard to find the spike

Conclusion

Lots of figures can be solved by a template(use width).

Somehow, some patients have a variety of diseases which might cause the spikes that are hard to find.

In addition, the noise(or other volatility) needs to be deal with.