

# I ВНУТРИВУЗОВСКАЯ ОЛИМПИАДА «ЮНЫЙ КЛИНИЦИСТ»

ЭТАП IV

# КОНКУРС ЭКГ



**Ответ:**

**Острый нижний инфаркт  
миокарда**



Ответ:

Гиперкалиемия

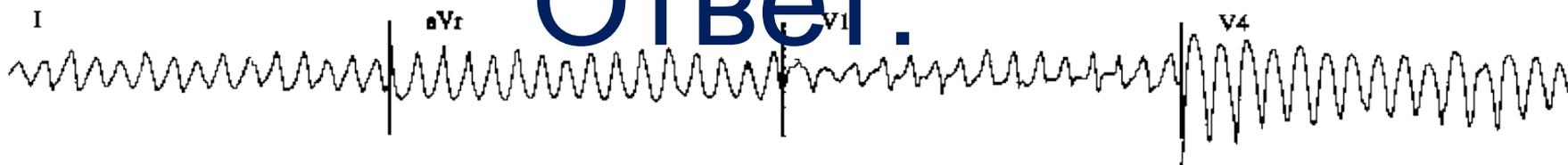




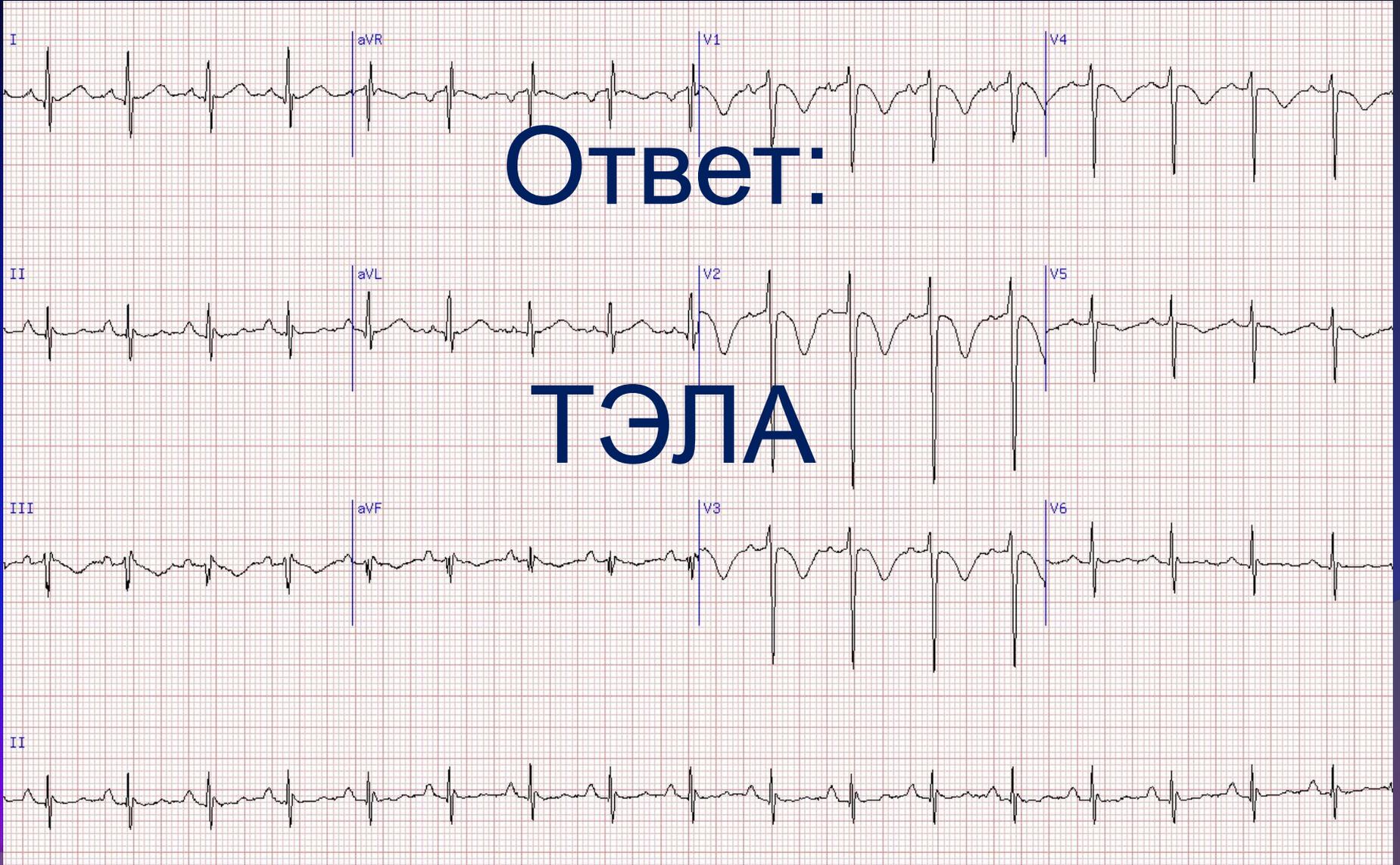
**Ответ:**

**AV-узловая  
re-entry тахикардия**

**Ответ:**

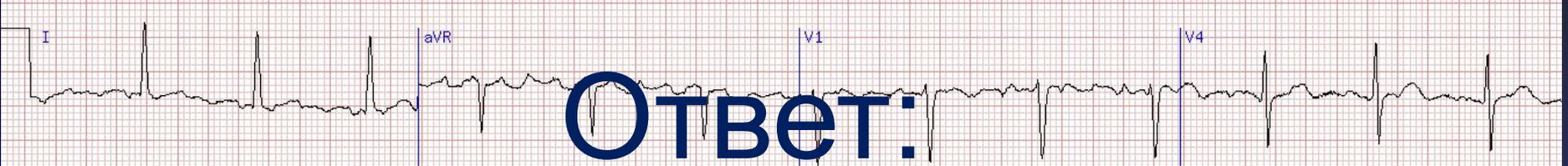


**полиморфная желудочковая  
тахикардия ->  
имплантированный кардиовертер-  
дефибриллятор ->  
ритм двухкамерного  
электрокардиостимулятора**



Ответ:

ТЭЛА



ECG tracing showing leads I, aVR, V1, and V4. The rhythm is sinusoidal with a regular rate. There are some irregularities in the ST segment and T waves, particularly in the precordial leads, which are noted as artifacts in the text.

**Ответ:**



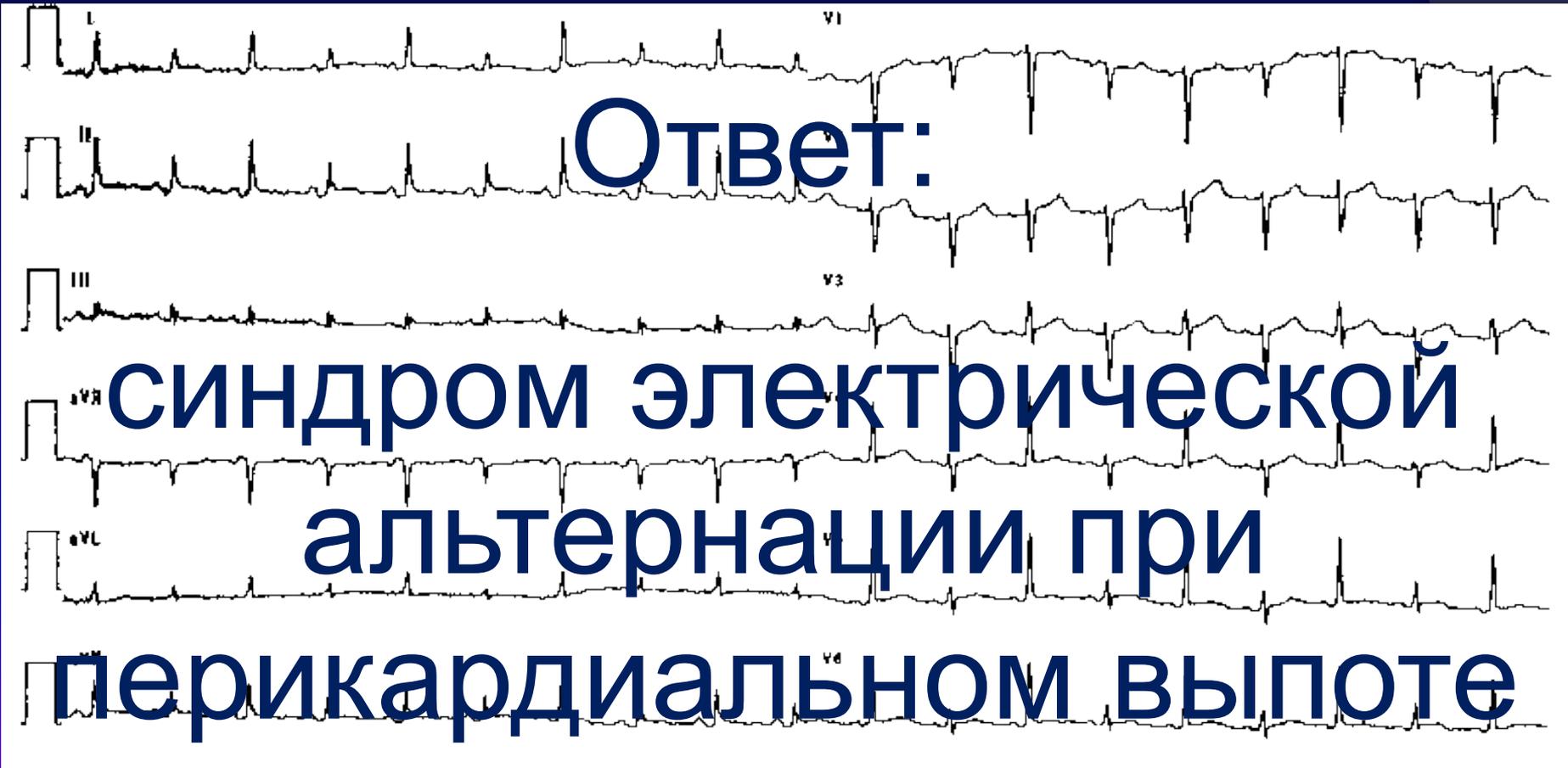
ECG tracing showing leads II, aVL, V2, and V5. The rhythm is sinusoidal. There are some irregularities in the ST segment and T waves, particularly in the precordial leads, which are noted as artifacts in the text.

**Синусовый ритм, артефакты,  
связанные с болезнью  
Паркинсона**



ECG tracing showing lead II. The rhythm is sinusoidal. There are some irregularities in the ST segment and T waves, particularly in the precordial leads, which are noted as artifacts in the text.

II



The image displays a 12-lead ECG tracing. The leads shown are I, II, III, aVR, aVL, and V4. The rhythm is regular. The most prominent feature is electrical alternans, where the amplitude of the QRS complexes alternates between a large and a small amplitude from one beat to the next. This is most clearly visible in leads I, II, III, and aVL. The text 'Ответ:' is overlaid on the tracing, followed by the diagnosis.

**Ответ:**

**синдром электрической  
альтернации при  
перикардальном выпоте**

I-II-III

aVR-aVL-aVF

V<sub>1</sub>-V<sub>2</sub>-V<sub>3</sub>

V<sub>4</sub>-V<sub>5</sub>-V<sub>6</sub>

**Ответ:**

**Синусовая тахикардия,  
острый инфаркт миокарда,**

**БЛНПГ**





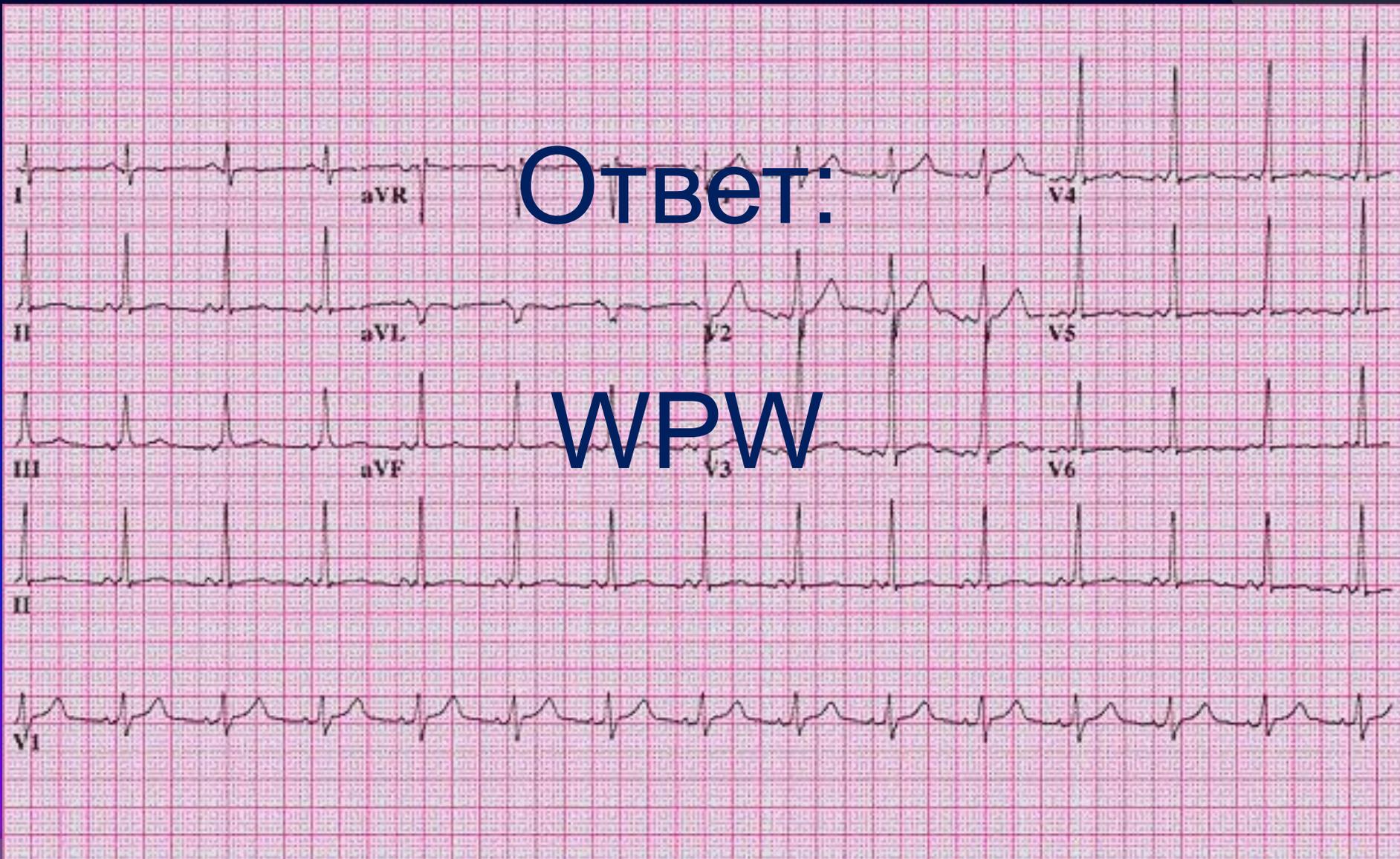
The image displays a 12-lead ECG tracing on a standard grid. The leads are arranged in four rows: Row 1 (I, aVR, V1, V4), Row 2 (II, aVL, V2, V5), Row 3 (III, aVF, V3, V6), and Row 4 (II). The rhythm is regular with a rate of approximately 100 bpm. The PR interval is normal. The QRS complexes are narrow. The ST segment is significantly elevated (ST-segment depression) in leads I, II, III, aVR, aVL, and aVF, and significantly depressed (ST-segment elevation) in leads V1, V2, V3, V4, V5, and V6. This pattern is characteristic of hypercalcemia.

**Ответ:**

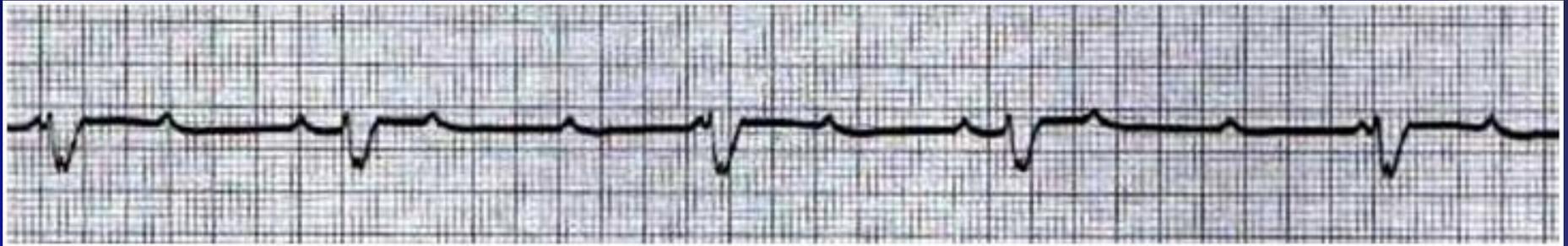
**Гиперкальциемия**

Ответ:

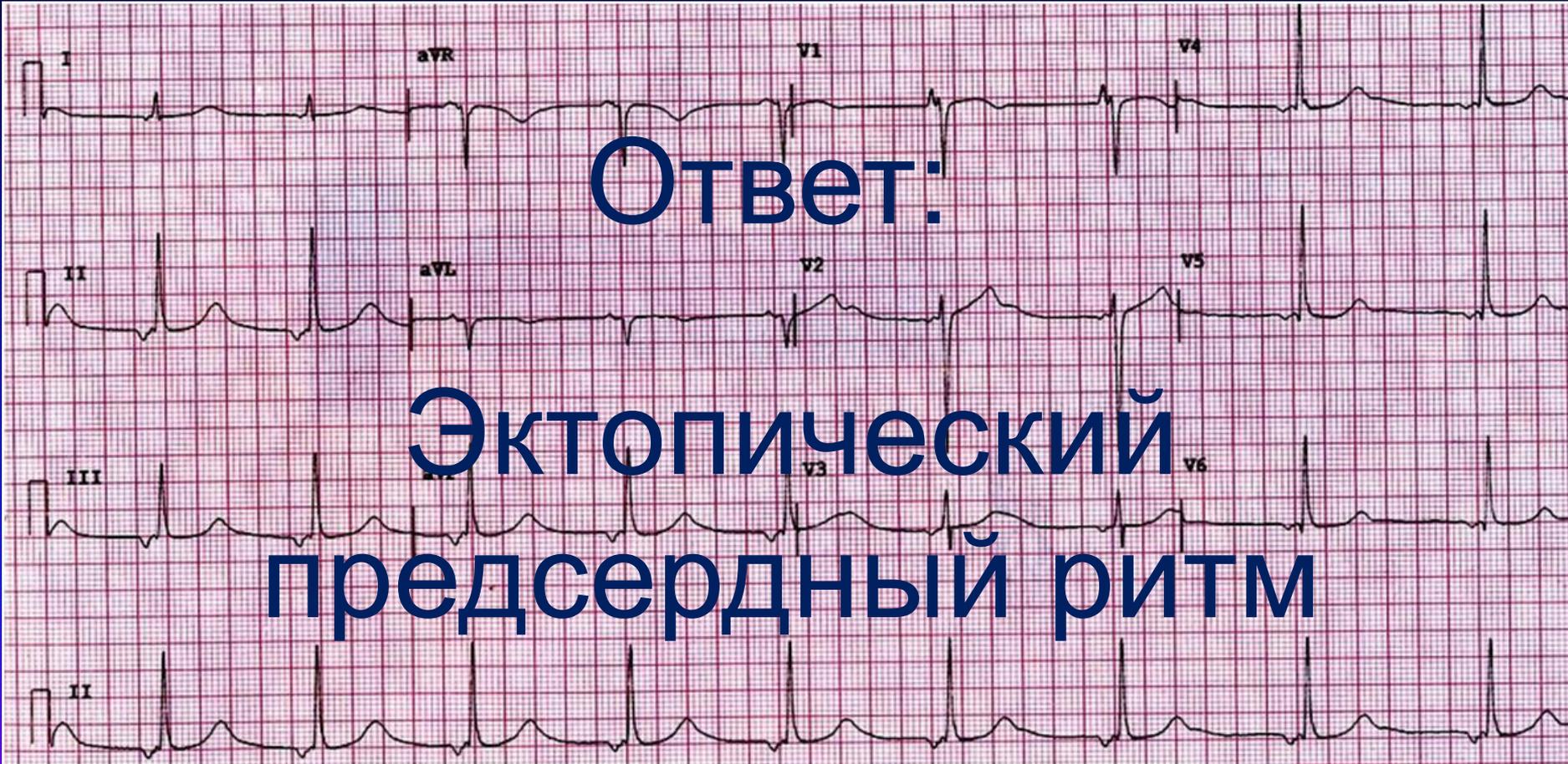
WPW



Ответ:



Полная поперечная  
блокада (AV III)



Ответ:

Эктопический  
предсердный ритм



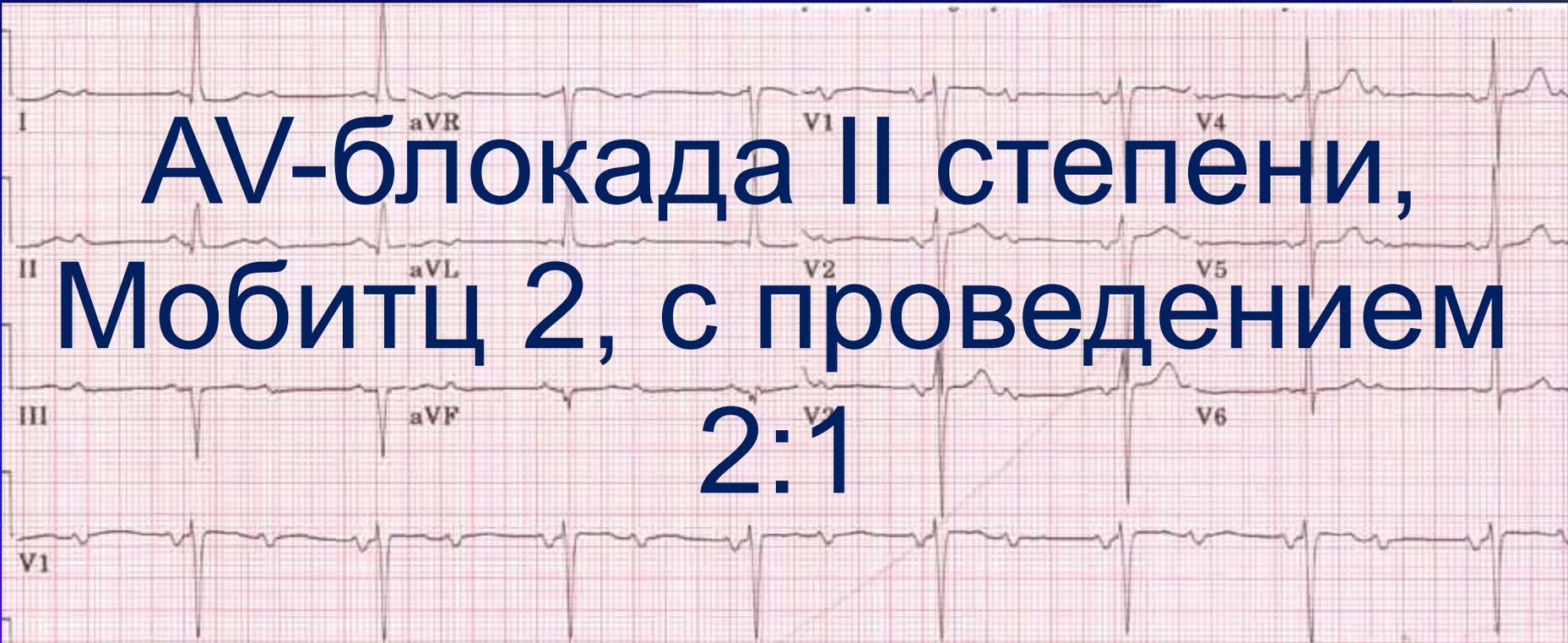
Ответ:

Левосторонний

пневмоторакс, синдром  
ранней реполяризации

**Ответ:**

**AV-блокада II степени,  
Мобитц 2, с проведением  
2:1**



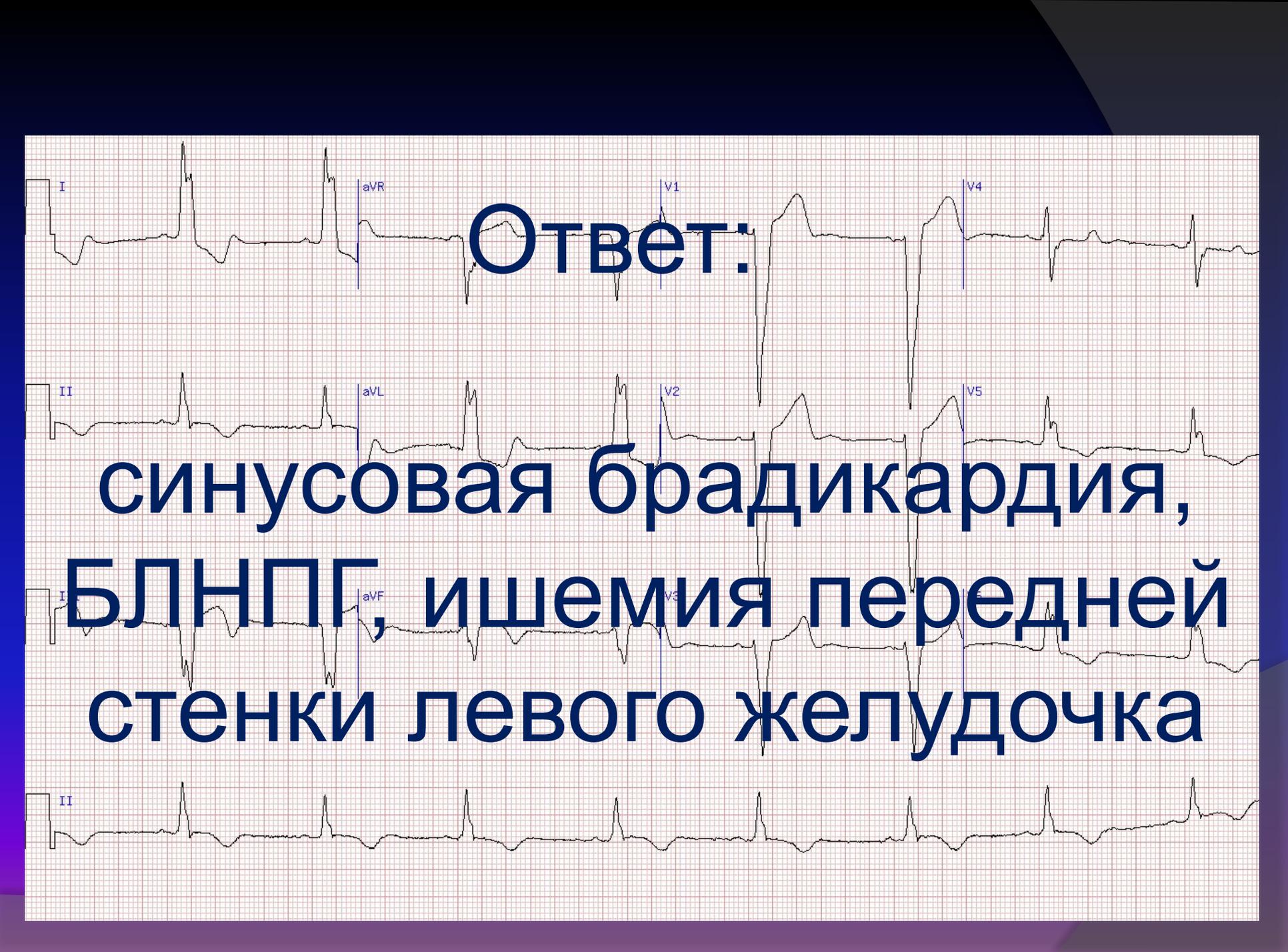
**Ответ:**





Ответ:

Дигиталисная  
интоксикация



The image displays a 12-lead ECG tracing on a standard grid. The leads are arranged in four rows: Row 1 (I, aVR, V1, V4), Row 2 (II, aVL, V2, V5), Row 3 (III, aVF, V3, V6), and Row 4 (II). The rhythm is sinus bradycardia with a rate of approximately 50-60 bpm. There is a significant ST-segment depression in leads V1, V2, and V3, which is characteristic of anterior wall ischemia. The text 'Ответ:' is overlaid in the upper right quadrant of the tracing.

**Ответ:**

**синусовая брадикардия,  
БЛНПГ, ишемия передней  
стенки левого желудочка**



Ответ:

Системная гипотермия

Ответ:

Гиперкалиемия

