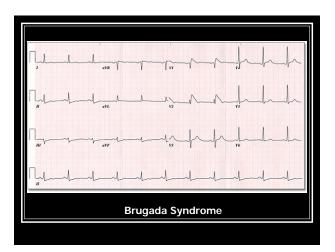
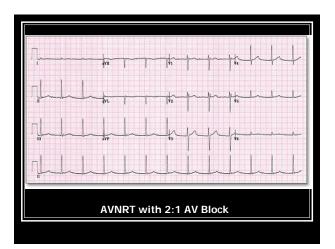


A 38-year-old male is visiting a family member in the hospital, but collapes suddenly. He is resuscitated from ventricular fibrillation, and stabilized.



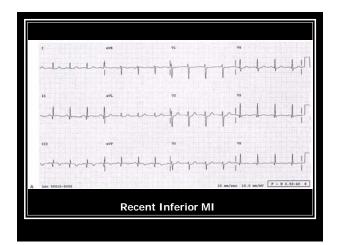
Case 2

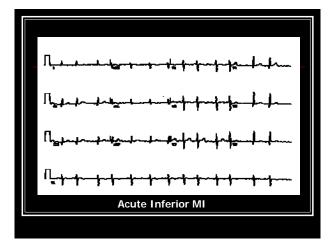
A 19-year-old male with a history of recurrent palpitations presents to the emergency room. He complains of palpitations and lightheadedness.



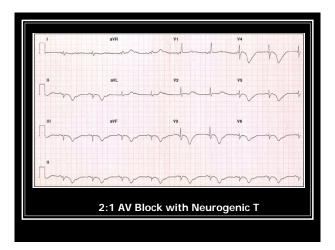
Case 3

 This 48-year-old woman presented with CP one week after successful thrombolytic therapy for an inferior AMI. She had discontinued her medications and continued smoking.



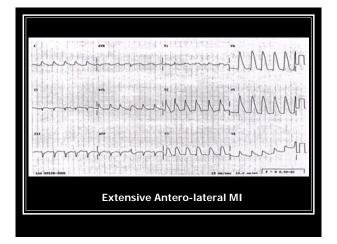


A 25-year-old female is brought to the emergency department, having been found unresponsive in bed by her daughter. Her daughter is uncertain of her mother's medications, but states that she has a history of hypertension. In the emergency department she is unresponsive. Her blood pressure is 180/104 and heart rate 50.

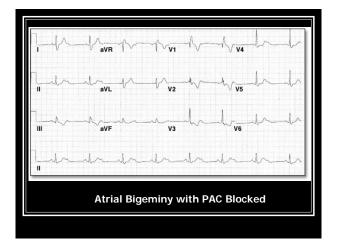


Case 5

 This 45-year-old smoker presented with typical CP.

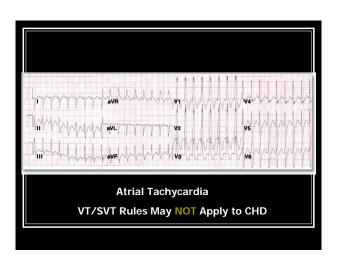


A 53-year-old male presents to the emergency room with dyspnea on exertion and near syncope. His heart rate is 47 BPM, and blood pressure is 124/70. He has not had syncope.



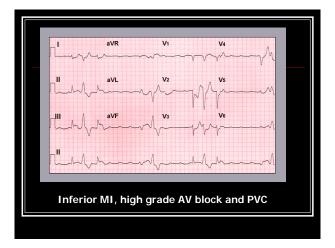
Case 7

A 21-year-old male with a prior history of repaired congenital heart disease (transposition of the great vessels, s/p Senning procedure) presents to the emergency room with palpitations and lightheadedness. The heart rate is 200 BPM, and blood pressure is 105/65.

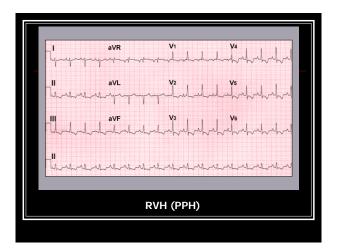


Case 8

59 year old male collapses at his desk at work. CPR is performed and he is defibrillated with an automatic external defibrillator (AED). He is intubated by the paramedics and brought to the emergency room.

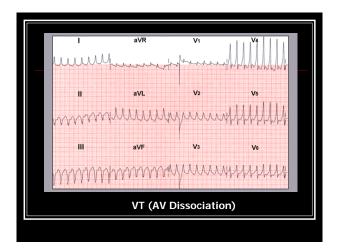


A 38 year old female without prior cardiac history presents to the emergency room for evaluation of progressive dyspnea on exertion. She denies productive cough or fever.



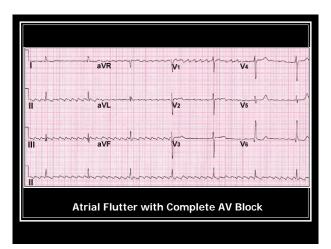
Case 11

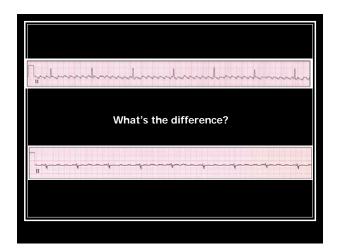
A 68 year old man presents to the emergency room with palpitations and near syncope. His blood pressure is 90/60.



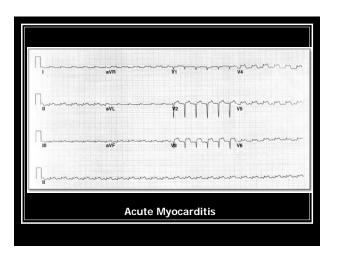
Case 12

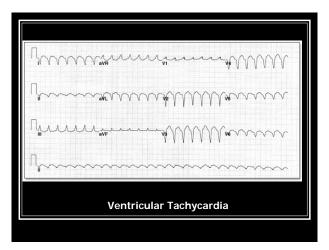
A 74-year-old female with a history of hypertension presents for her annual physical. She denies any symptoms, other than a gradual decline in her energy level that she attributes to aging. She is on an ACE-inhibitor. On examination, she looks well. She is bradycardic. Her blood pressure is 124/72.





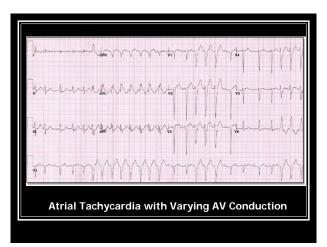
A twenty-five-year-old female presents to the emergency room with severe fatigue and progressive shortness of breath. For about 10 days she has had a viral syndrome, with fevers, chills, myalgias, diarrhea, and in the last few days, a cough productive of yellow, and occasionally blood tinged sputum. Heart rate and systolic blood pressure were 140 BPM and 70 mm Hg, respectively.



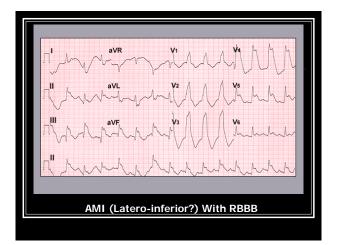


Case 14

A sixty-nine-year-old female presents to the emergency department with symptoms of palpitations and near syncope. She has a history of rheumatic heart disease, and has had prior mitral valve replacement, bypass grafting, and pacemaker implantation. Systolic blood pressure is 90 by palpation.



A 71-year-old female presents to the emergency room with chest pain, shortness of breath, and nausea of 6 hours duration. On examination, she is pale and diaphoretic. Her heart rate is 90, blood pressure 90/60, and respiratory rate 24.



Case 16

An eighty-three year old female presents to the emergency room with shortness of breath, nausea, and vomiting. Her medical history is significant for atrial fibrillation, hypertension, and sick sinus syndrome. She is status-post permanent pacemaker implantation.

