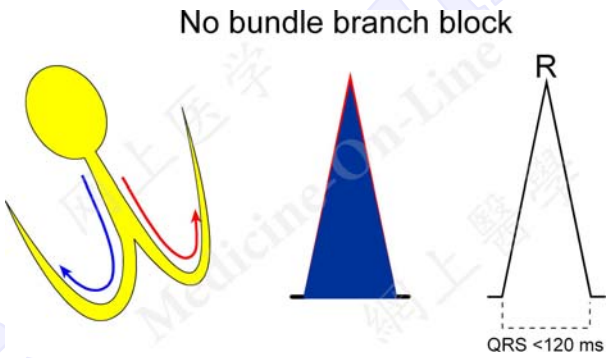
- Repolarization abnormalities of ST segment depression and T wave inversion suggesting ventricular strain may be present in the left chest leads with tall R waves. (See leads V5 and V6 in above ECG.)
- Signs of left atrial enlargement in leads II, III, aVF or V1 may be present. Left atrial abnormality is the result of having to pump blood into a muscular non-compliant left ventricle.

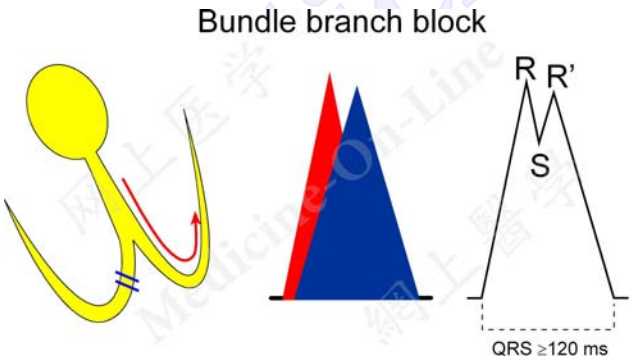
Bundle Branch Blocks

Look for signs of bundle branch block (BBB) in V1 and V6.

In the absence of BBB, passage of the depolarizing impulse down the His bundle and bundle branches is rapid and activation of the right and left ventricles is simultaneous and synchronous. The individual QRS complexes of the right and the left ventricles superimpose on each other and produce a composite QRS complex that is narrow in width (< 120 ms).



In BBB, irrespective of whether it is right or left, activation of the ventricles becomes asynchronous: Depolarization of the ventricle on the blocked side is delayed. This delay causes the individual QRS complex of the blocked ventricle to be wider than normal and appear after the individual QRS complex of the not-blocked ventricle. As a result, the composite QRS complex is ≥ 120 ms wide and has RSR' waves: the R wave belongs to the individual QRS of the not-blocked ventricle and the R' wave to the individual QRS of the blocked ventricle.



The S wave between the R and R' waves may be deep and falls below the baseline; it may not be so deep and causes a notch between the R and R'