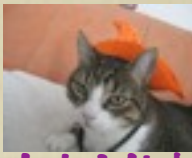
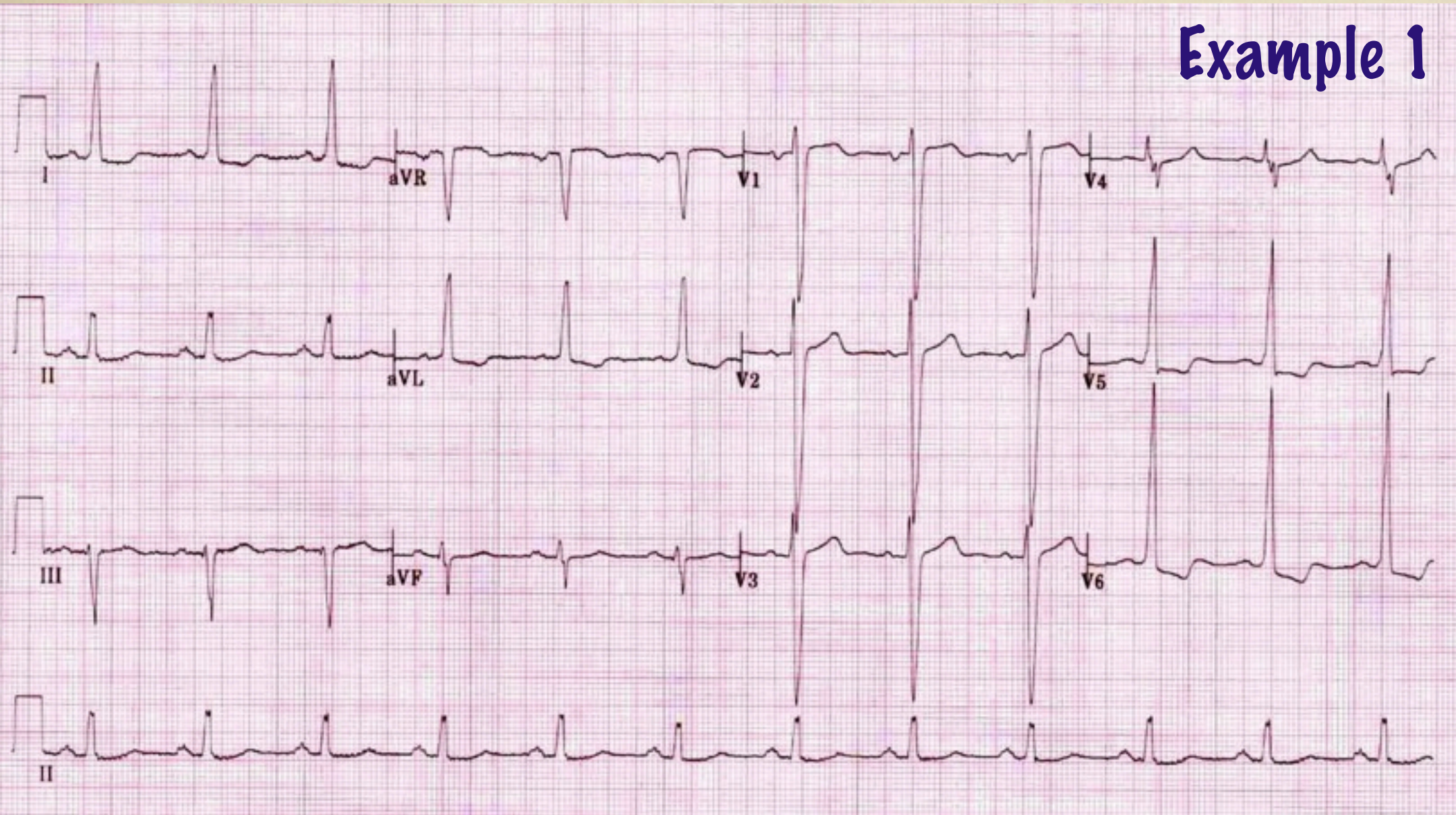


HYPERTROPHY & ENLARGEMENT



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Example 1



LVH	Sokolow-Lyon + $S1+R6 >35$
REP. ABN.	in V5 and V6
VAT	in V5 and V6
LAD	+ in lead I and - in aVF
LAE	P in lead II and V1

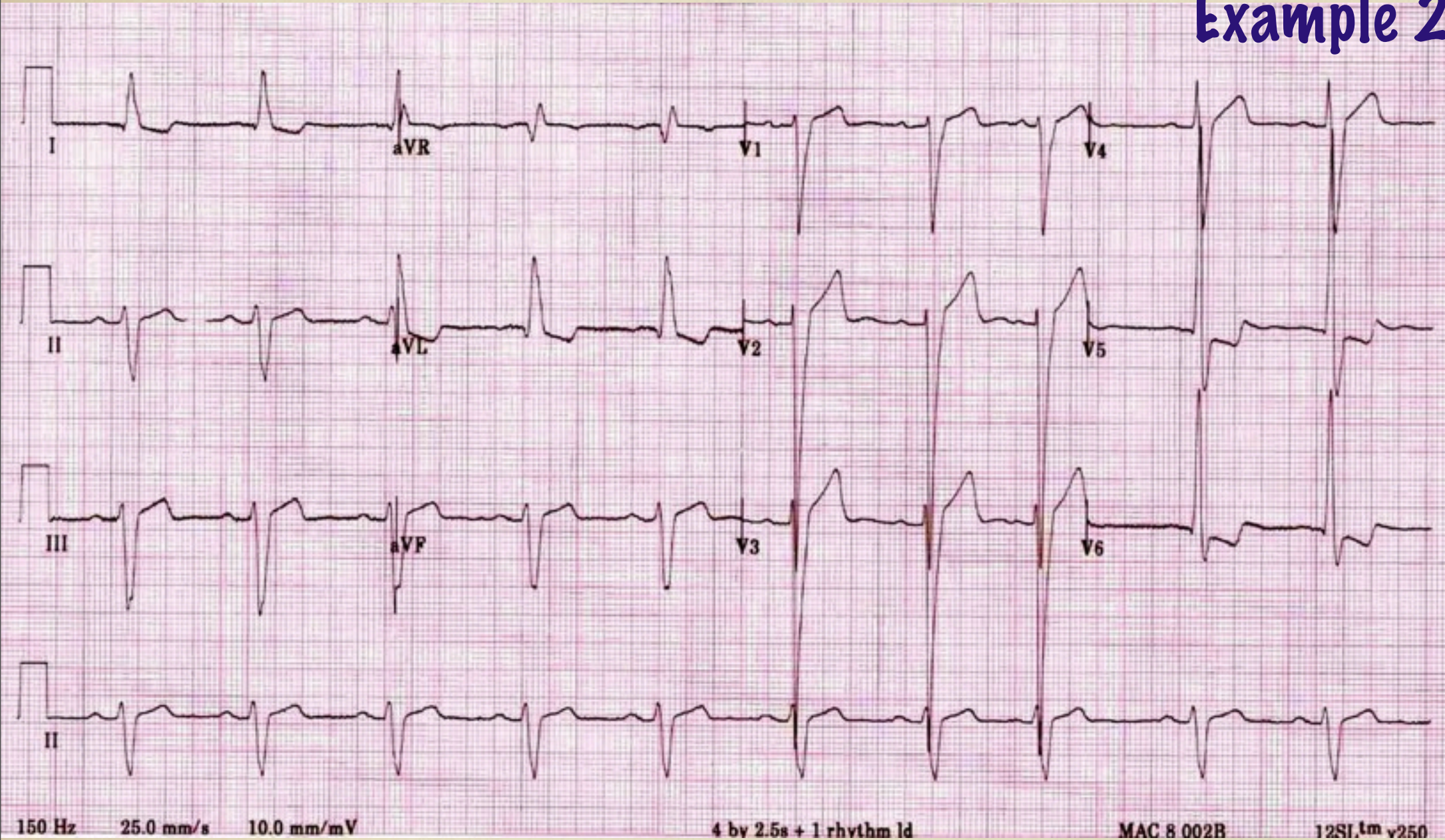
Examples 1-6 from LIFTL: LVH and RVH, Dr .Edward Burns

HYPERTROPHY & ENLARGEMENT



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Example 2

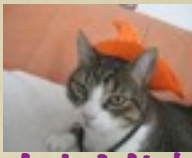


LVH	Sokolow-Lyon + S1+R6 >35
REP. ABN.	V5, V6 lead I and aVL
VAT	in V5 and V6 ?
LAD	+ in lead I and - in aVF
ST elevation and U wave	V1, V2, V3

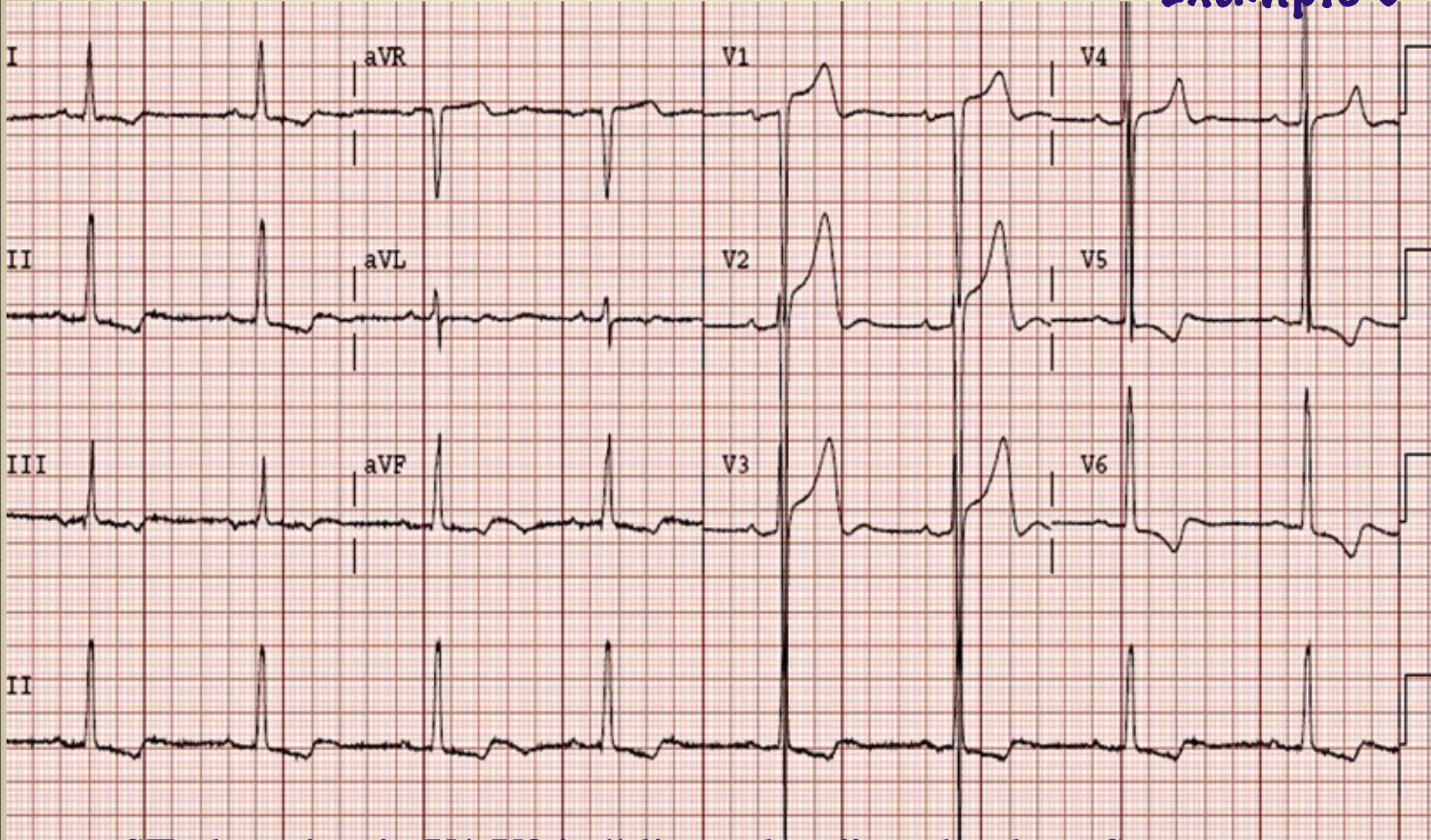
**ST elevation in V1-V3 is “discordant” to the deep S waves
prominent U waves are proportional to QRS amplitude**

HYPERTROPHY & ENLARGEMENT

Example 3



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LVH	Sokolow-Lyon + S1+R6 >35
REP. ABN.	V5, V6 lead I, II, III and aVL
VAT	in V5 and V6 ?
AXIS	normal + in lead I and + in aVF
ST elevation and U wave	V1, V2, V3

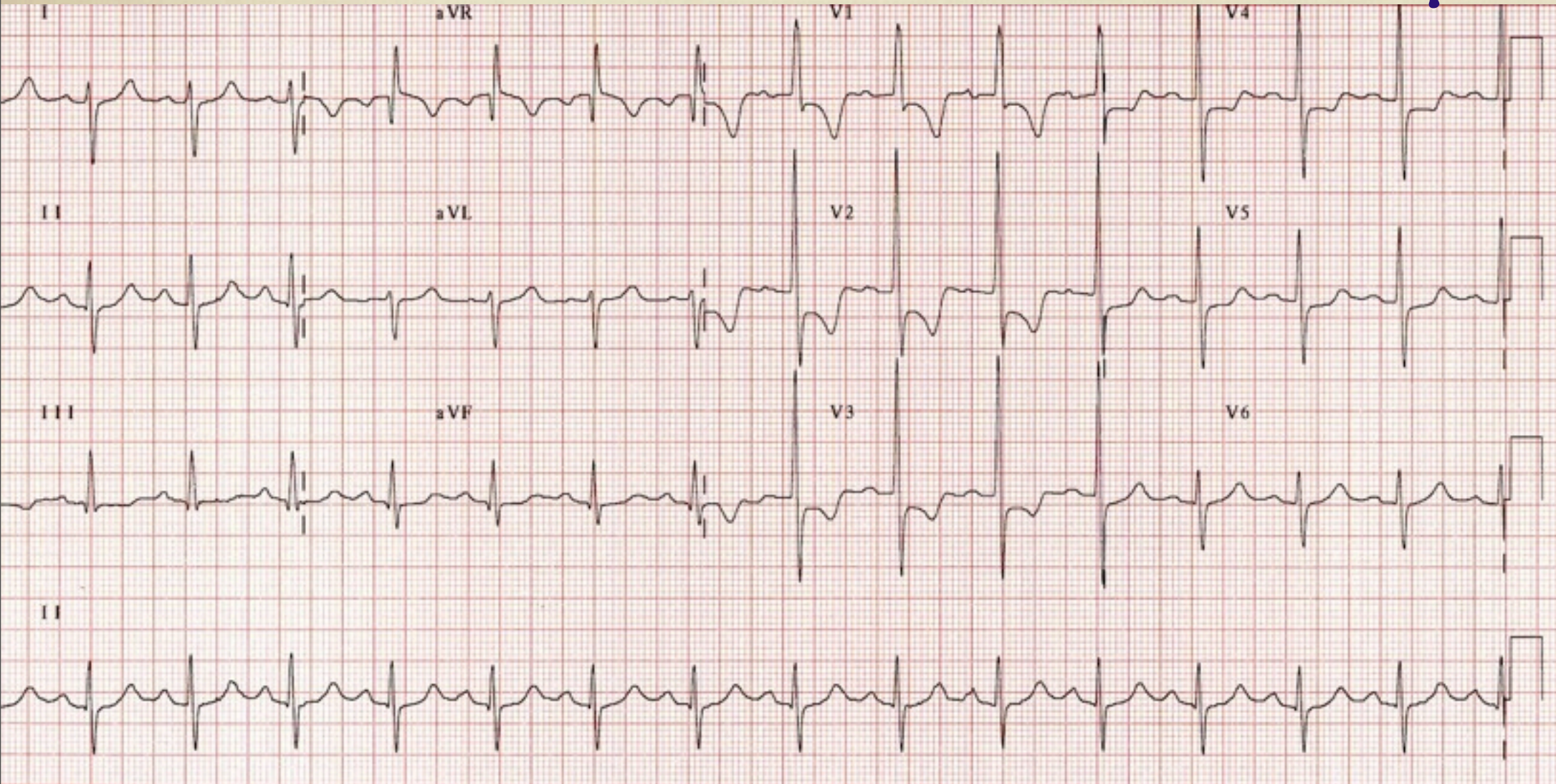
**ST elevation in V1-V3 is “discordant” to the deep S waves
prominent U waves are proportional to QRS amplitude**

HYPERTROPHY & ENLARGEMENT



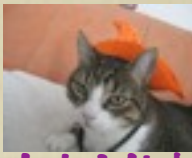
Ask Mish

Example 4



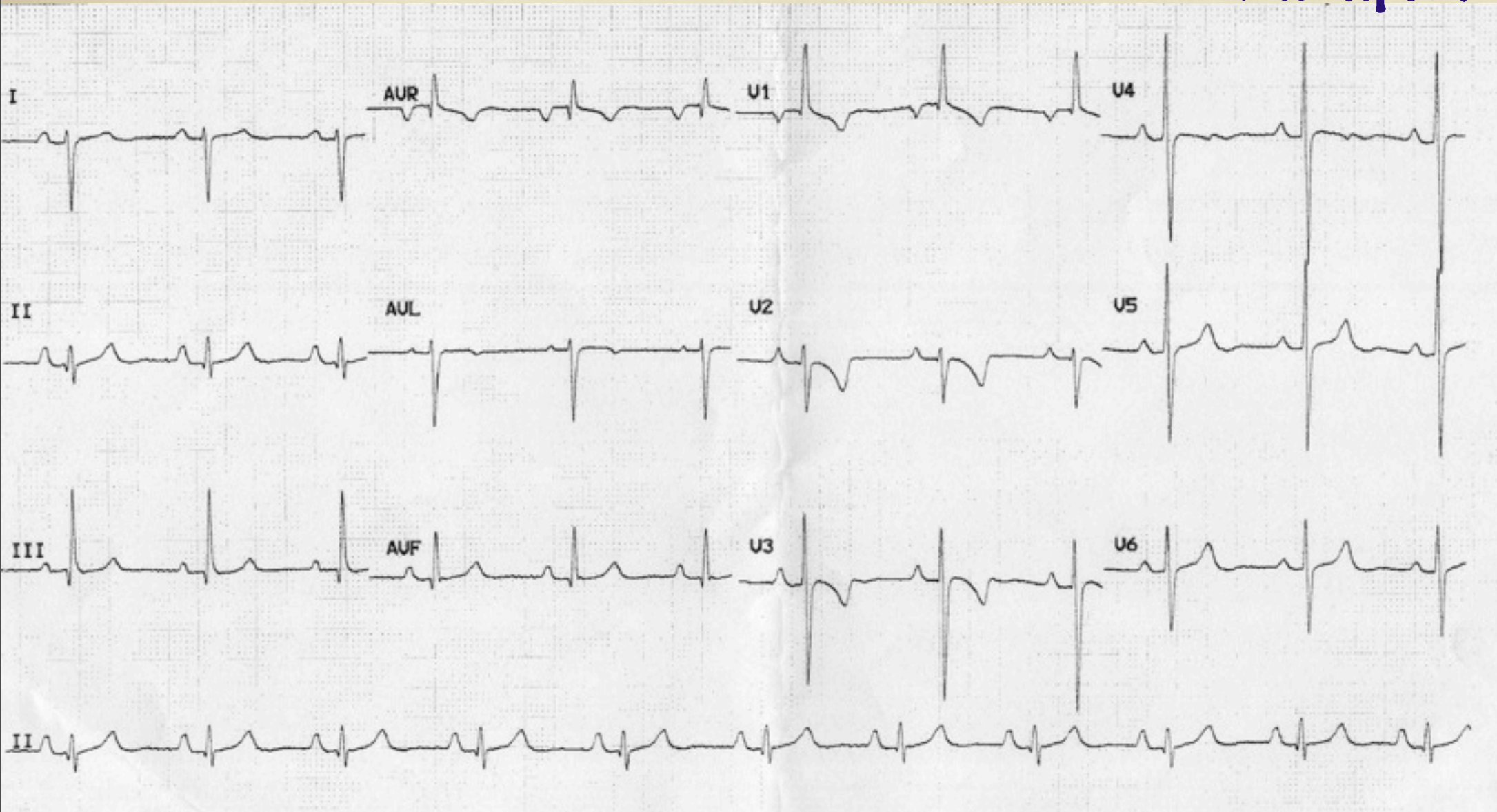
RVH	tall R in V1,2,3
RVH	deep S in V6
REP. ABN.	V1-V4
RAD	- in lead I and + in aVF +150

HYPERTROPHY & ENLARGEMENT



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Example 5



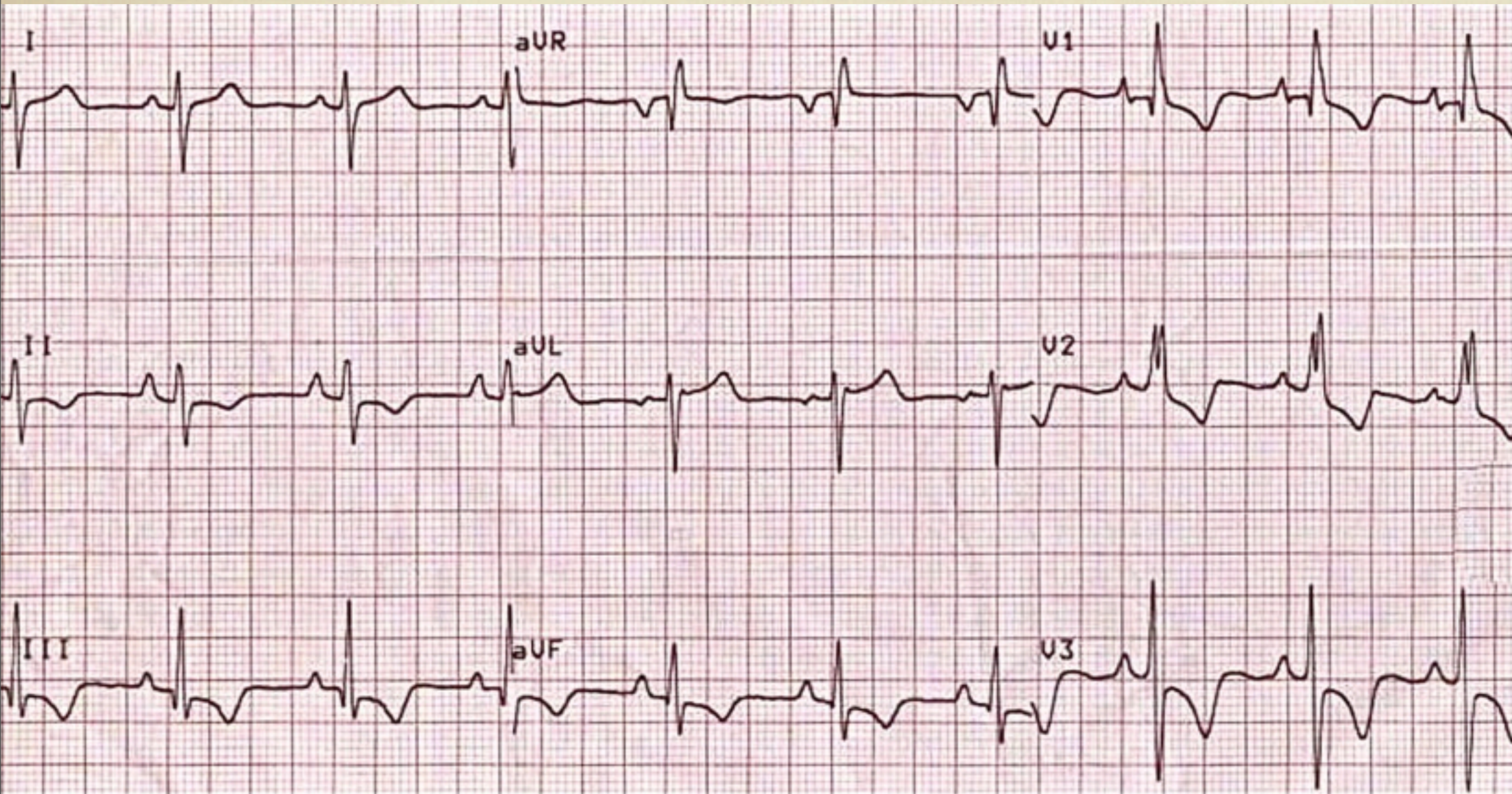
RVH	tall R in V1
RVH	deep S in V6
REP. ABN.	V1-V3
RAD	- in lead I and + in aVF
RAE	tall p in lead II P"pulmonale"

HYPERTROPHY & ENLARGEMENT



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Example 6



RVH	tall R in V1
REP. ABN.	V1-V3
RAE	tall p in lead II P"pulmonale"
RAD	- in lead I and + in aVF +150
RBBB	in V2