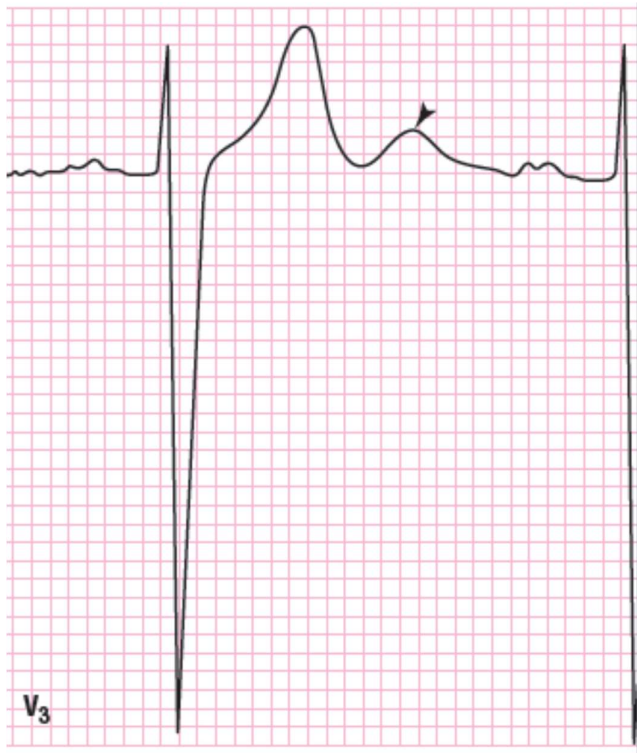


- Prominent U waves



- Upright U waves with an amplitude > 1.5 mm (arrowhead)
- Requires an isoelectric segment after the T wave

Most commonly observed in the mid-precordial leads (V2 to V4).

The U wave is normally 5%–25% the height of the T wave and is largest in leads V2 and V3.

Leads II and V5 help distinguish between a T wave with an associated U wave (distinct isoelectric interval between the T wave and U wave) and a complex T wave (absence of an isoelectric segment allowing the different waves to merge into a “complex” T wave).

Causes include:

- Hypokalemia
- Bradyarrhythmias
- Hypothermia
- LVH or RVH
- Coronary artery disease (CAD) (ischemia or myocardial infarction)
- Drugs (digitalis, quinidine, amiodarone, isoproterenol)
- Cardiomyopathy