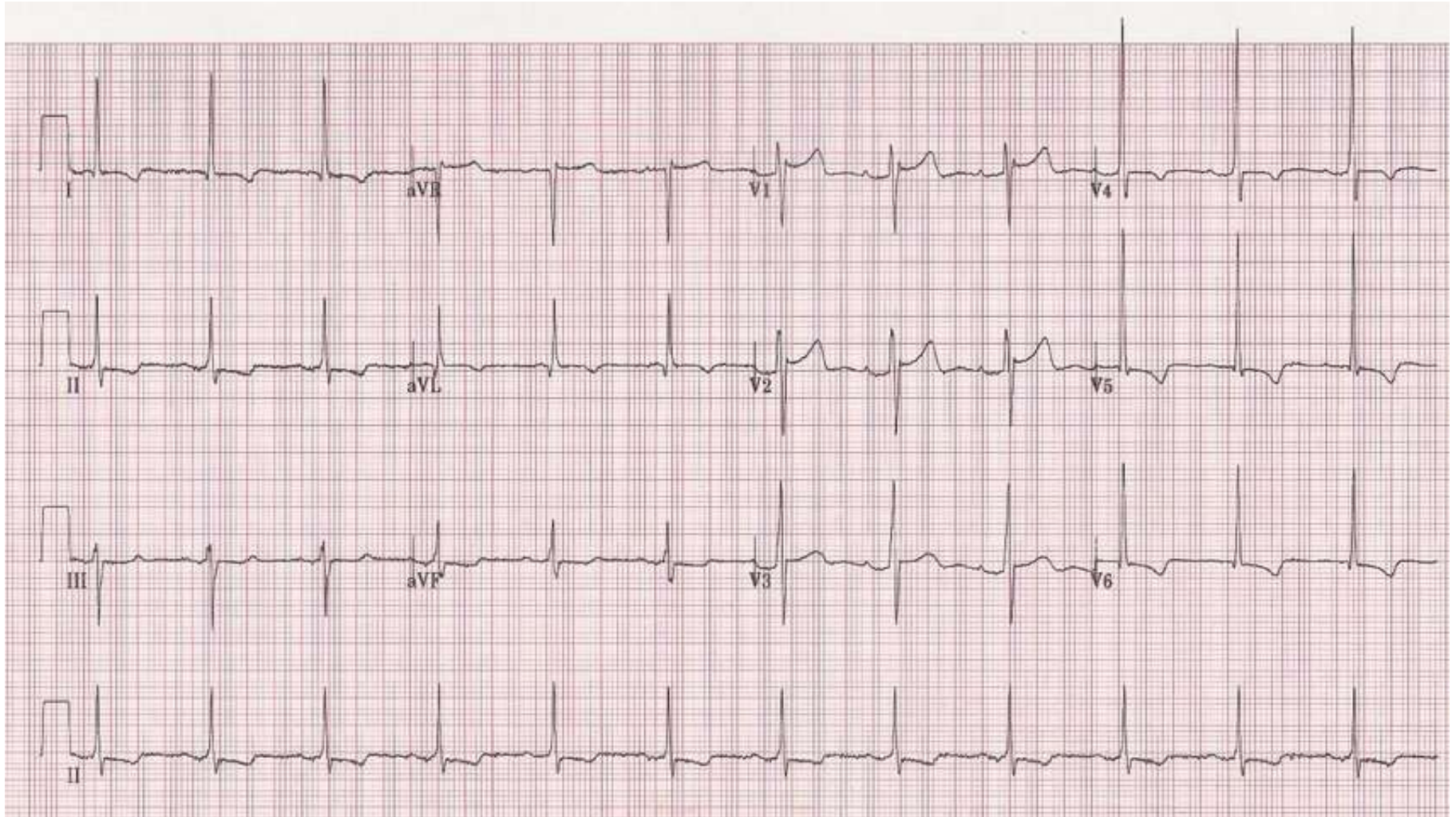
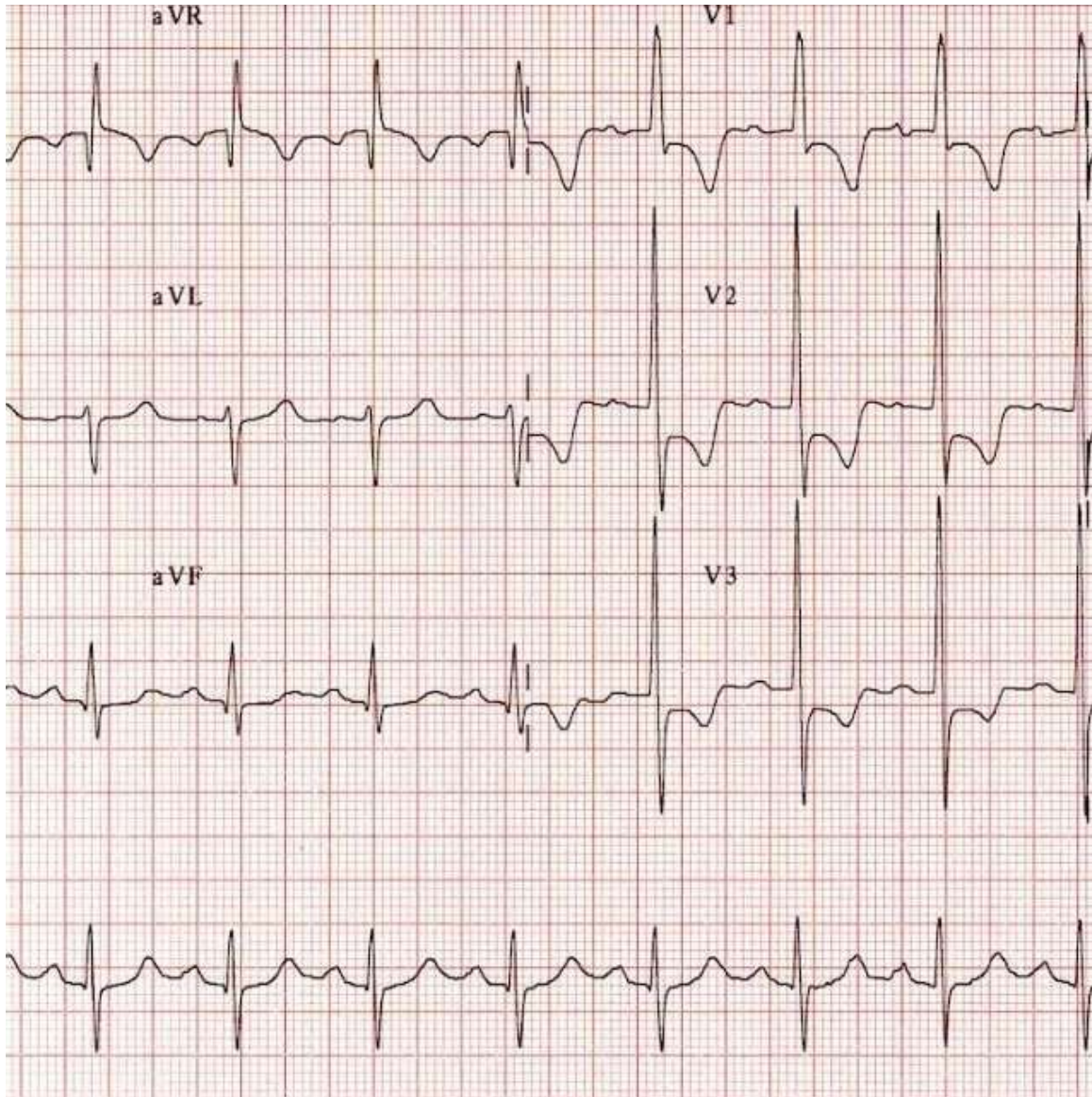


- ST and/or T wave changes of hypertrophy



LVH with ST-T changes secondary to hypertrophy

- **LVH:** ST segment and T wave displacement opposite to the major QRS deflection
 - ST depression 1 mm or less and T wave inversion when the QRS is mainly positive (leads I, V5, V6)
Ischemic-looking ST-T changes should be coded as ST-T changes of ischemia if the ST depression is 1 mm or greater.
 - Subtle (< 1 mm) ST elevation and upright T waves when the QRS is mainly negative (leads V1, V2); with more extreme voltage, ST elevation up to 2–3 mm can be seen in leads V1-V2
- **RVH:** ST segment depression and T wave inversion in V1–V3, and sometimes in II, III, aVF. ST-T changes of hypertrophy occur in the leads demonstrating the largest QRS amplitude (voltage), but can occur in other leads.



RVH with ST-T changes of hypertrophy