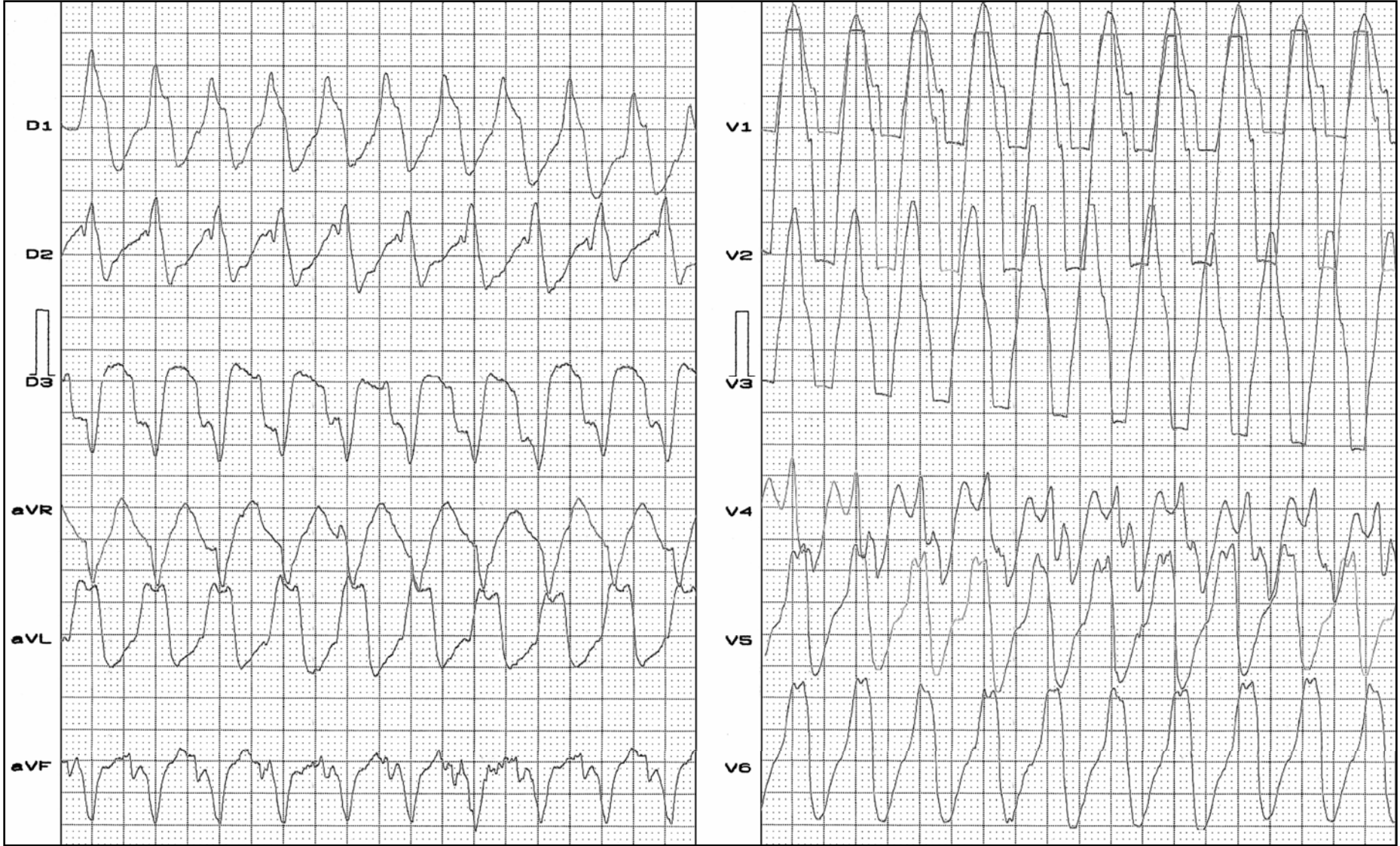
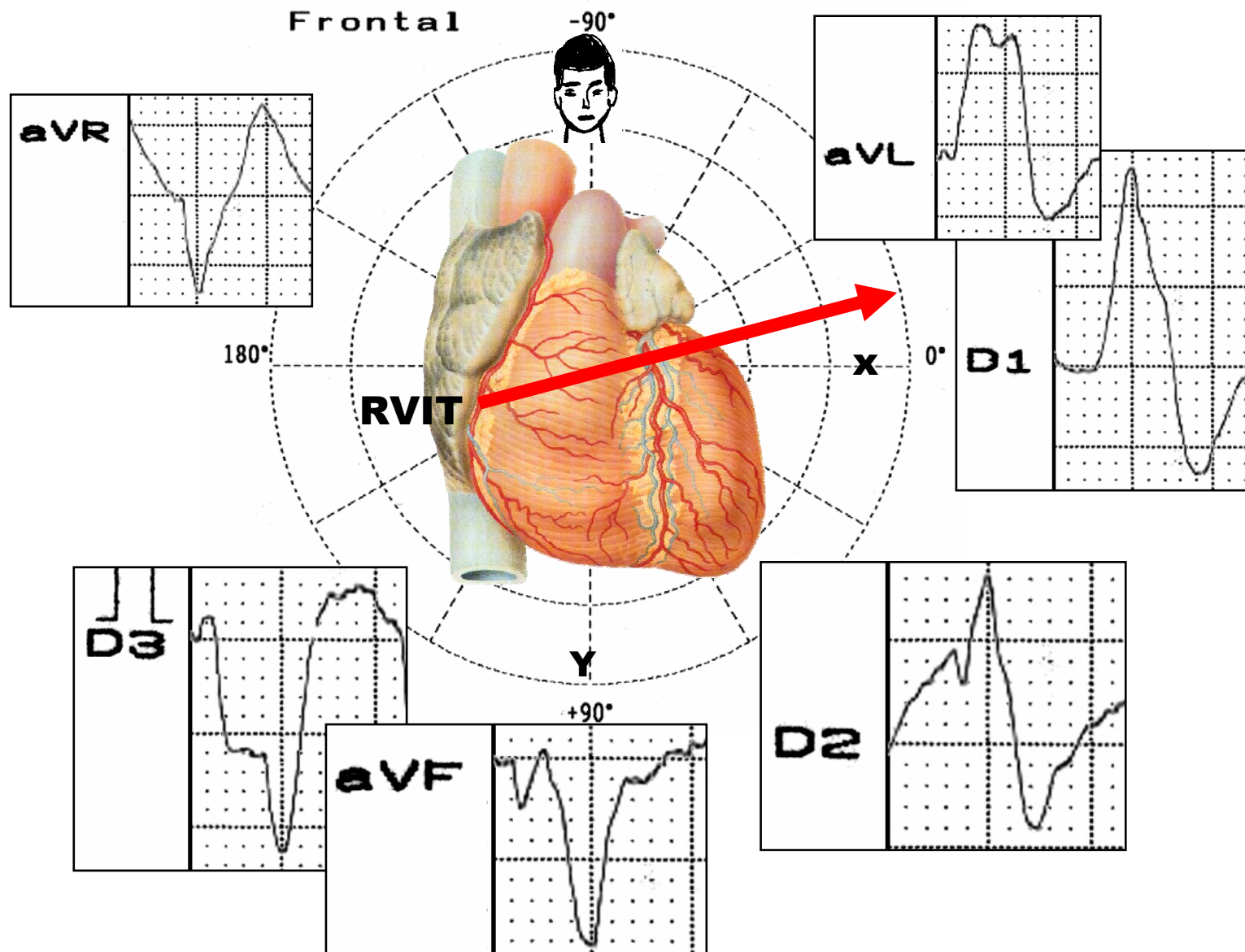
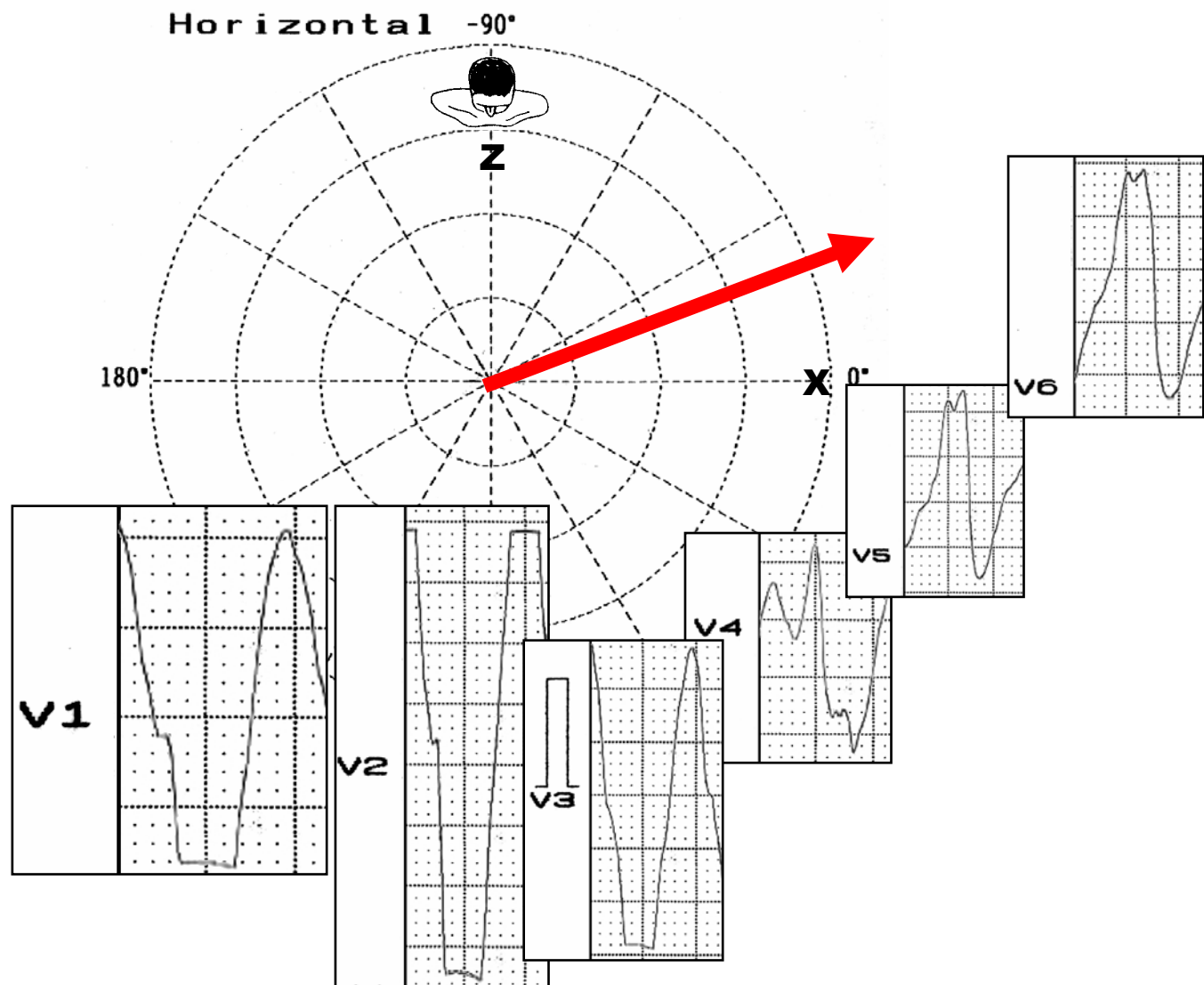




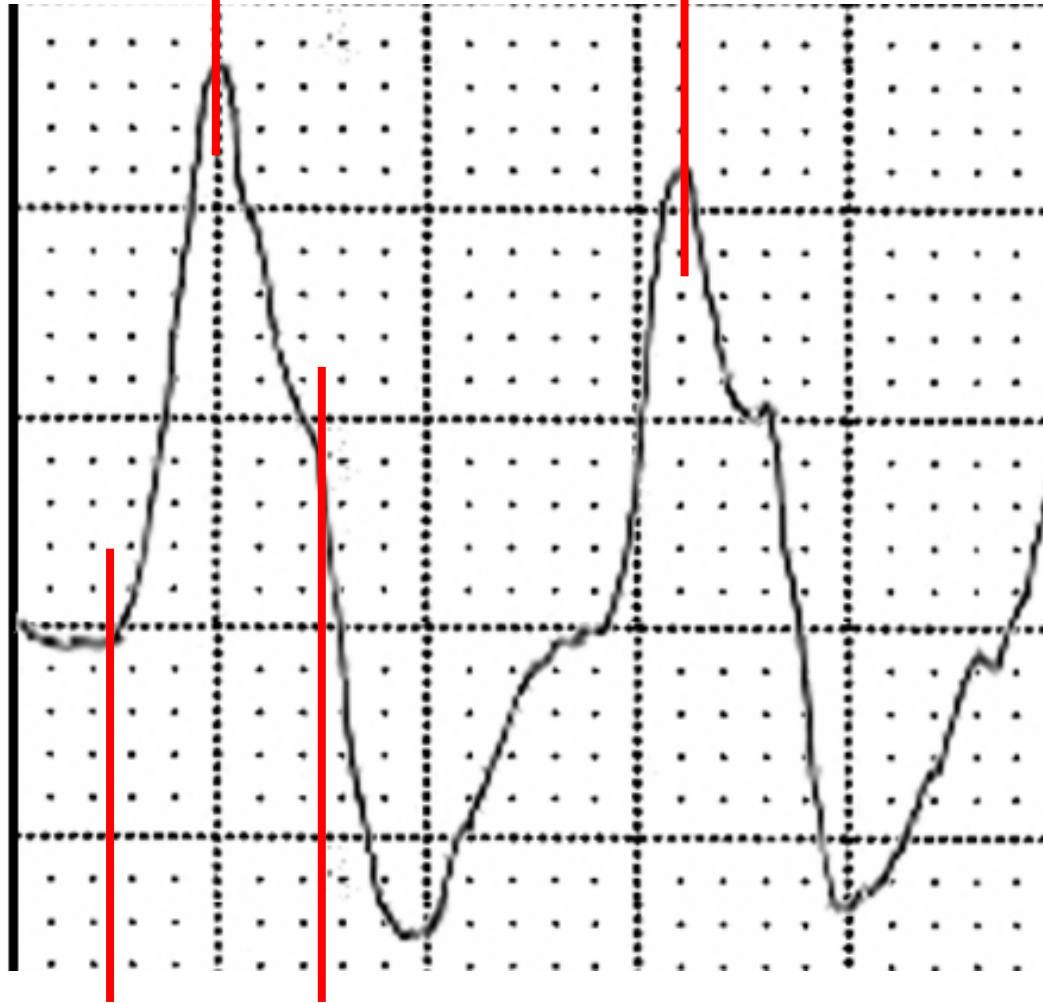


QRS AXIS -15°



HEART RATE = 167bpm

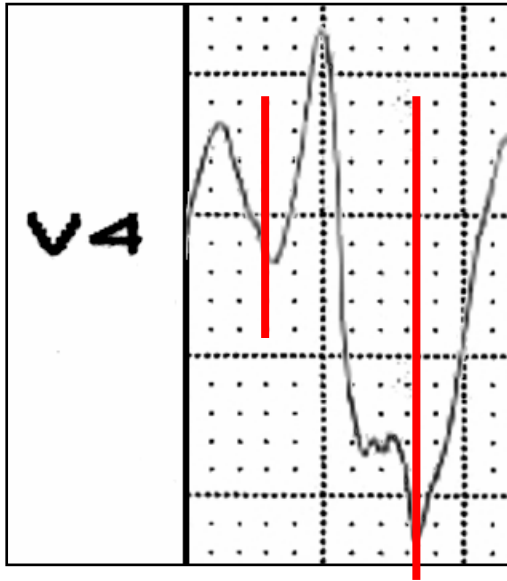
D1



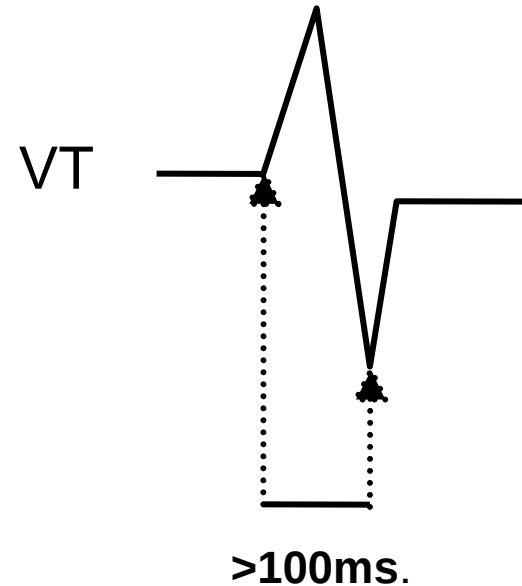
QRS Duration = 180ms

CONCLUSION

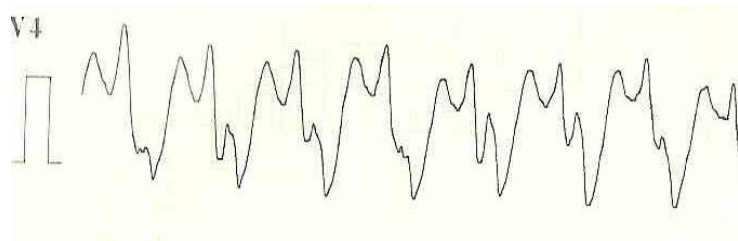
1. Regular Broad QRS Tachycardia with QRS duration = 180ms (LBBB-pattern >160ms, suggestive of VT)
2. LBBB pattern with QRS axis -15° originated from RVIT. It is indicative of organic heart disease.
3. The interval from start of R to nadir of S > 100ms = Ventricular Tachycardia



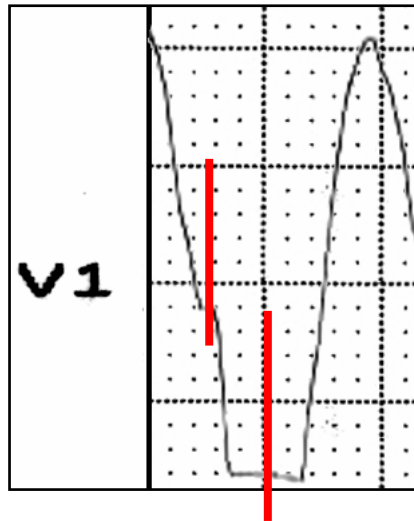
RS = 200ms!: Evident scar.



4. There is AV dissociation because the presence of capture beats (the last one).

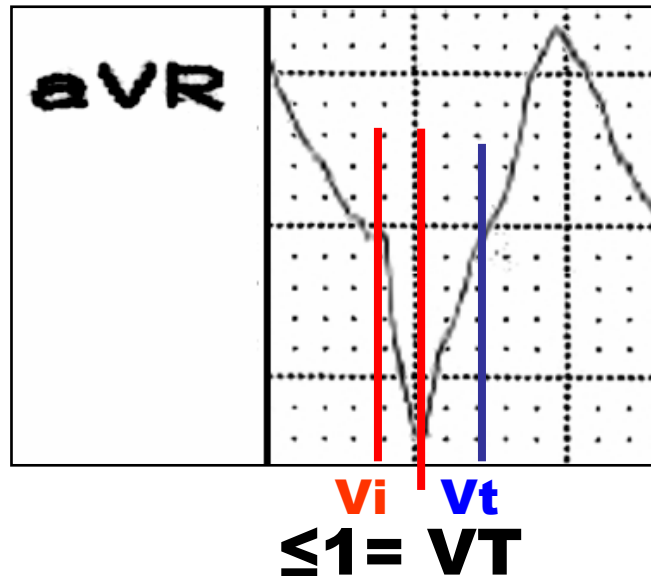


5. V1 predominantly negative. Interval to nadir of S > 60ms. Yes = VT

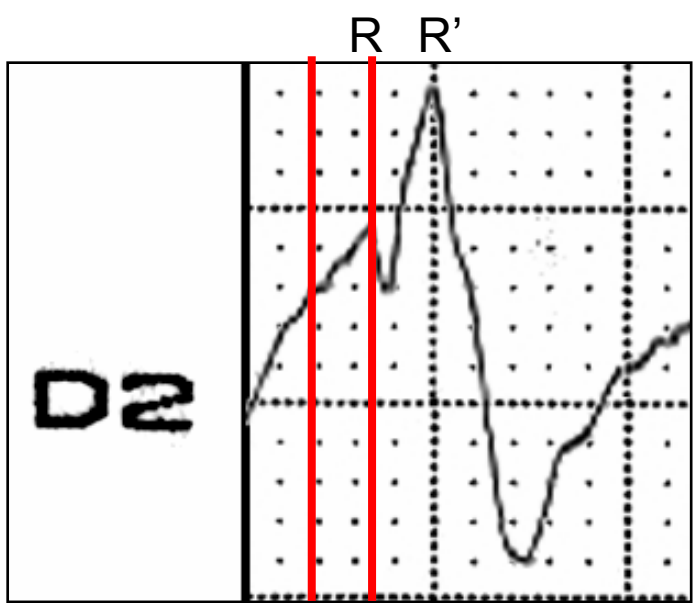


Here 80ms

6. The vertical excursion (in millivolts) recorded during the initial (Vi) and terminal (Vt) 40 ms of the QRS complex. If ≤ 1 = VT or > 1 = SVT-A¹. **Relação velocidade de ativação ventricular: relação da velocidade da excursão inicial Vi/ velocidade da excursão terminal Vt¹.**



1. Vereckei A, Duray G, Szénási G, Altemose GT, Miller JM. New algorithm using only lead aVR for differential diagnosis of wide QRS complex tachycardia. Heart Rhythm. 2008; 5: 89-98.



7. A R-wave peak time ≥ 50 ms at II is a simple and highly sensitive criterion that discriminates VT from SVT-A in patients with WCTs¹.

R peak time = ≥ 50 ms