

**Name:** CJS

**Sex:** Male

**Age:** 56 yo.

**Race:** Caucasian

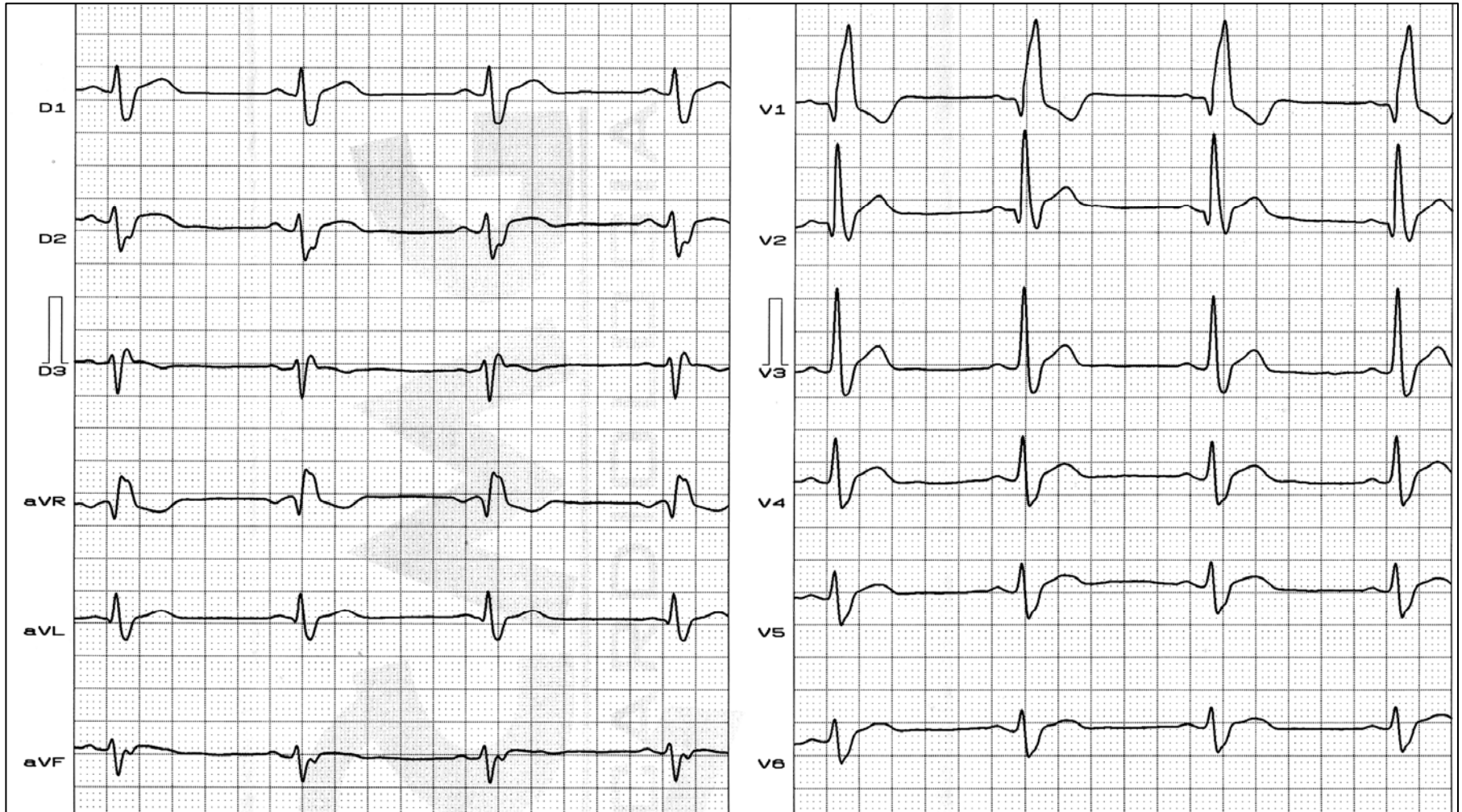
**Weight:** 82 Kg

**Height:** 1,72 m

**Biotype:** Normoline

**Date:** 12/02/2008

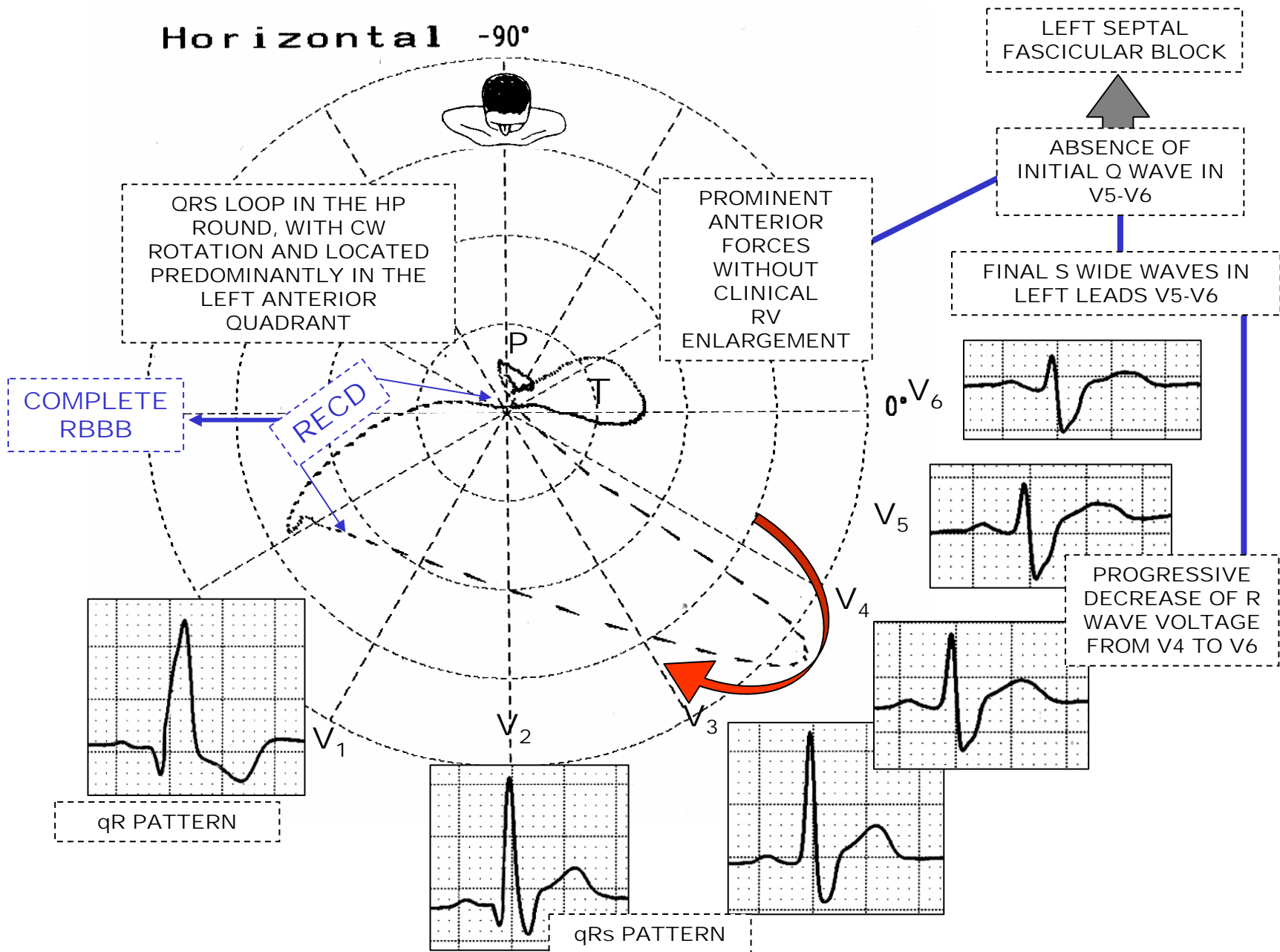
**Medication:** Captopril 50mg (3 times/day), hydroclorotiazide 25mg, doxazosina 2mg



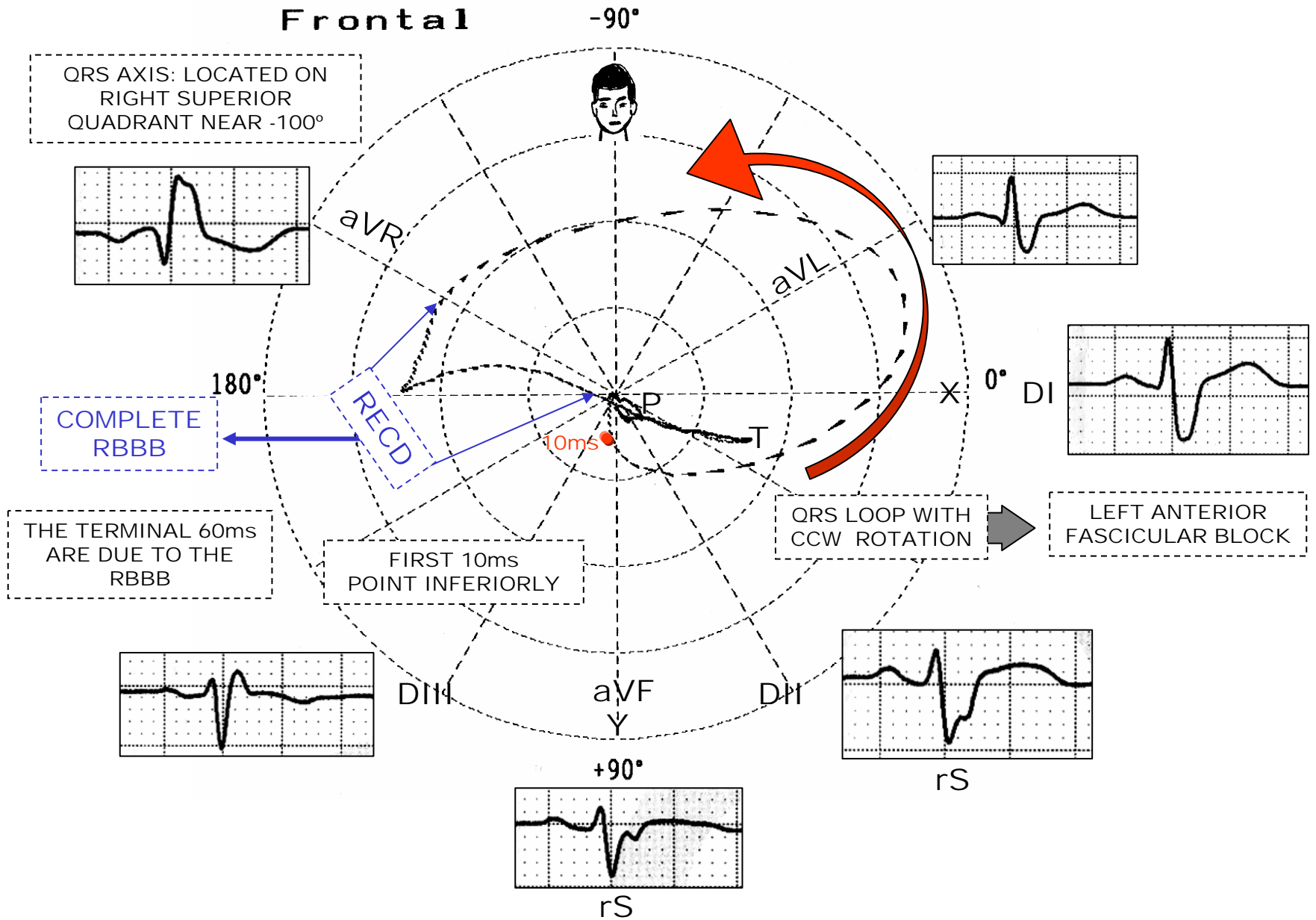
**Clinical Diagnosis:** Type 2 Diabetes Mellitus (diagnosis with 4 years), hypertension (10 years), Prostatic Hyperplasy, cataract. Echocardiogram: normal RV.

**ECG diagnosis:** Sinus Rhythm, HR: 51bpm, sinus bradychardia, QRS axis: located on right superior quadrant near  $-100^{\circ}$ , Extreme shift of SAQRS in the right superior quadrant. QRS duration 170 ms; qR pattern in V1-V2; R-V2 > R V3, progressive decrease of R wave voltage from V4 to V6, absence of initial q wave in V5-V6, final S wide waves in left leads V5-V6, DI and aVL.

# ECG/VCG HORIZONTAL PLANE CORRELATION



# ECG/VCG FRONTAL PLANE CORRELATION



# ECG/VCG RIGHT SAGITTAL PLANE CORRELATION

Sagittal

-90°



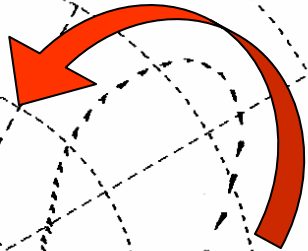
180° Z

0° V<sub>2</sub>

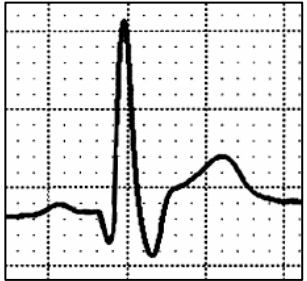
aVF

Y

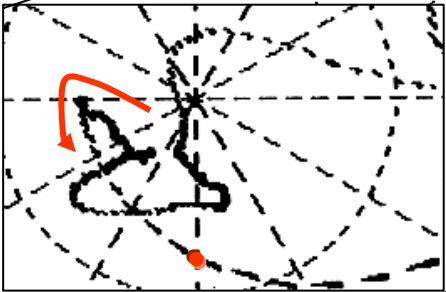
+90°



PROMINENT ANTERIOR FORCES



qRs PATTERN



INITIAL 25ms DIRECTED TO BACK



DEPENDENT OF LEFT POSTERIOR FASCICLE



# FINAL DIAGNOSIS

- Complete RBBB.
- Left Anterior Fascicular Block.
- Left Septal Fascicular Block.
- Trifascicular block.
- Septal Electrically Inactive Area