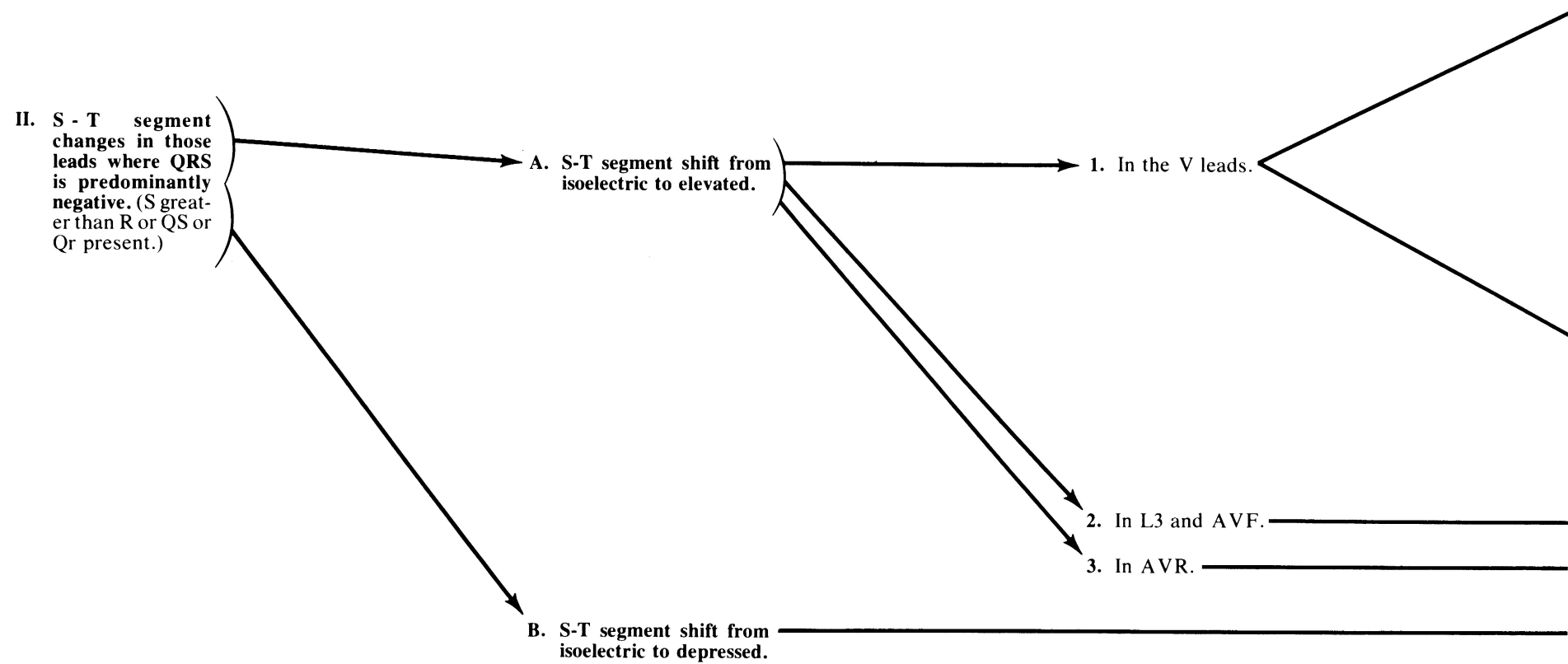
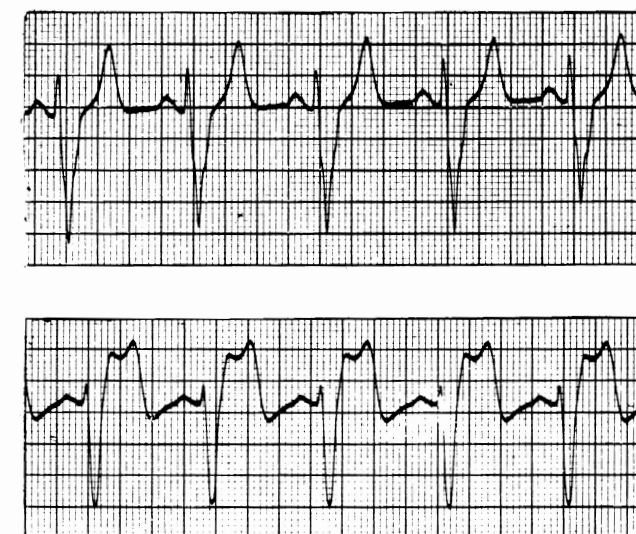
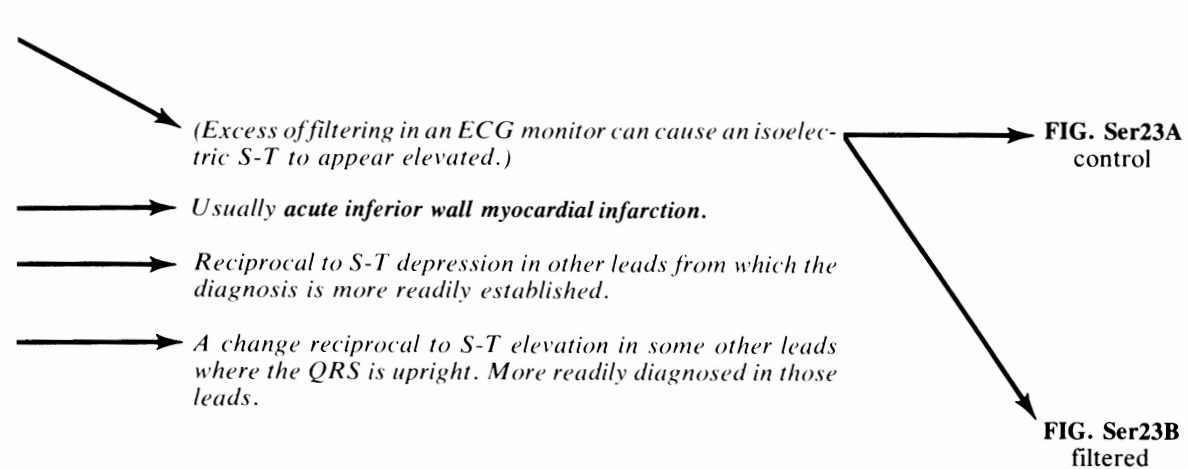
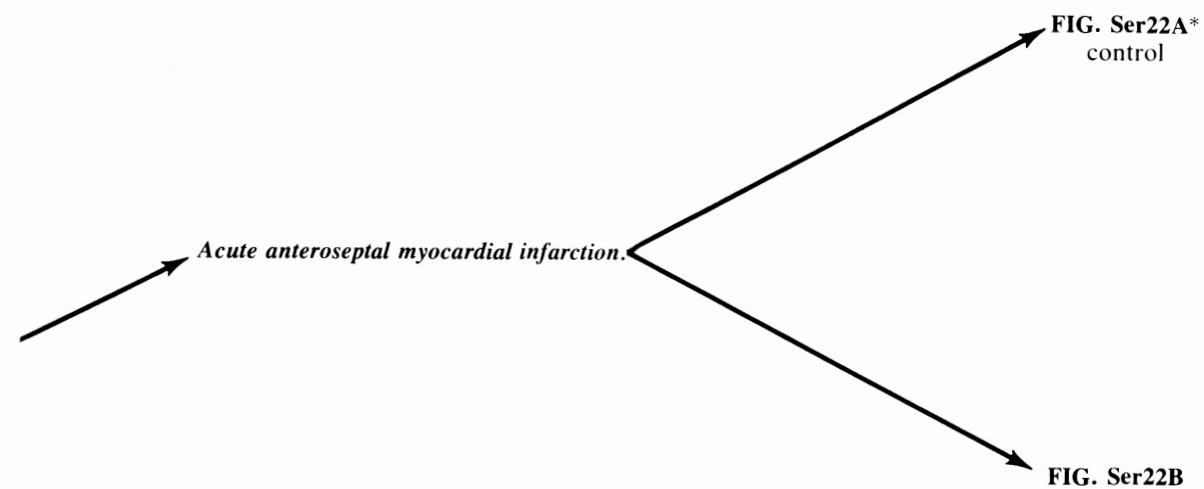


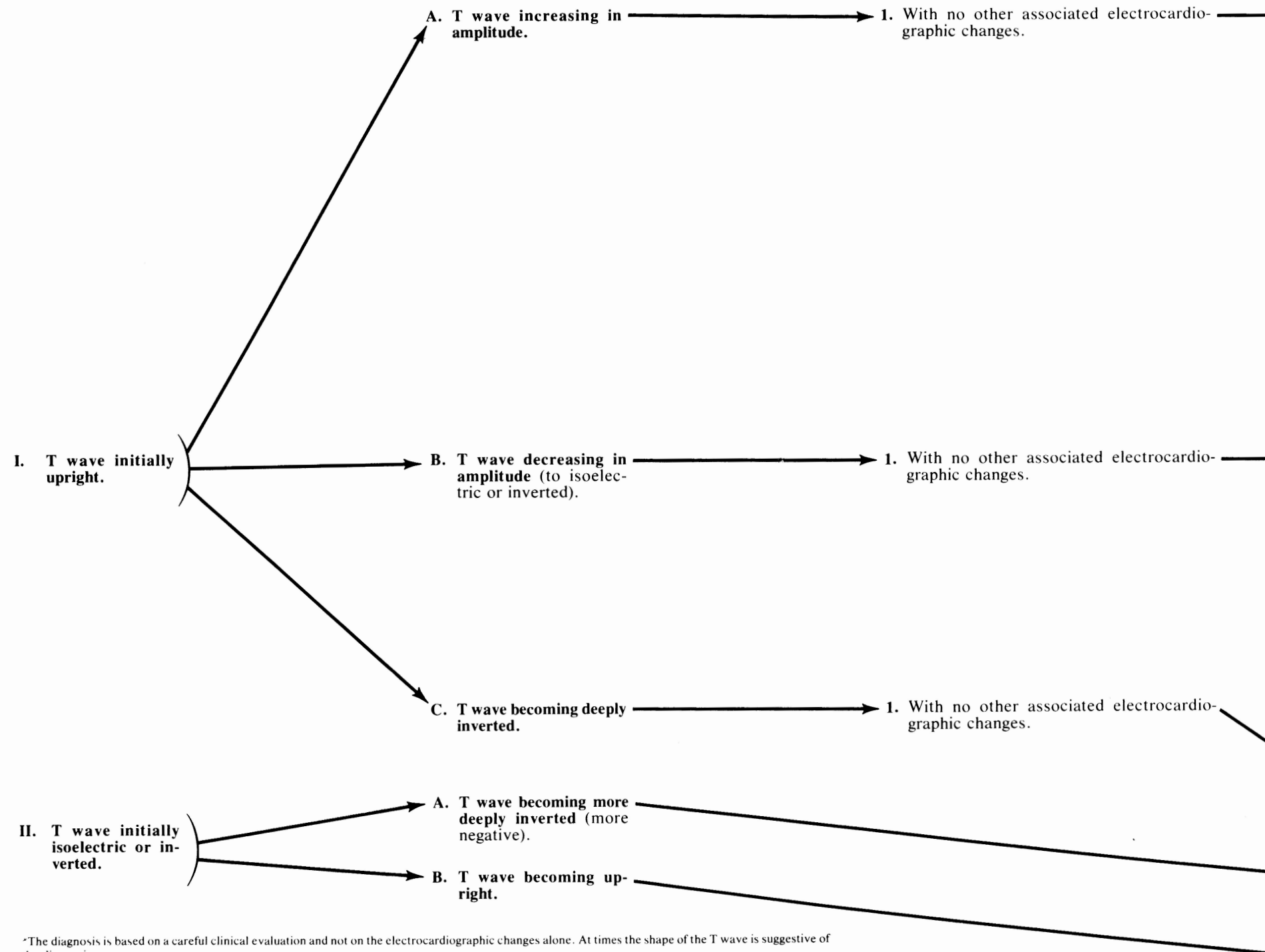
ACUTE SERIAL CHANGES:
Primarily limited to the S-T Segment (Cont.)



*Fig. Ser22A is from a patient who has had a previous anterior wall myocardial infarct. In Fig. Ser22B, the occurrence of a fresh myocardial infarction in the same area has resulted in S-T segment elevation in V2 to V6.



ACUTE SERIAL CHANGES:
Primarily limited to the T wave



*The diagnosis is based on a careful clinical evaluation and not on the electrocardiographic changes alone. At times the shape of the T wave is suggestive of the diagnosis.

Minor increases in T wave height are usually normal particularly in the V leads where they may be due to small changes in lead placement. Occasionally seen in the early stages of myocardial infarction. Hyperkalemia (early stage).

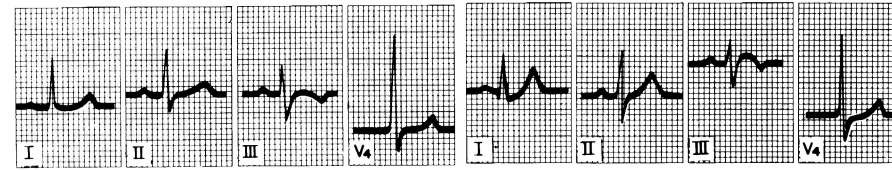


FIG. Ser24A control

FIG. Ser24B

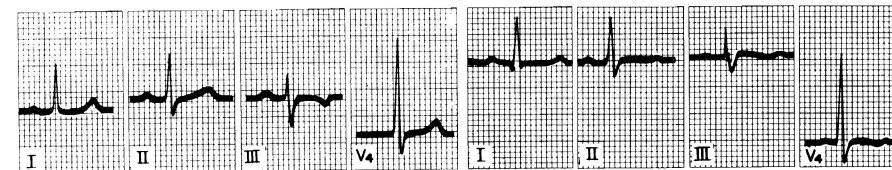


FIG. Ser25A control

FIG. Ser25B

One of the most frequent and nonspecific electrocardiographic changes not characteristic of any specific entity.

The most common causes are:*

1. Angina pectoris
2. Coronary insufficiency
3. Nonspecific, often without determinable cause
4. Digitalis effect (often associated with S-T depression)



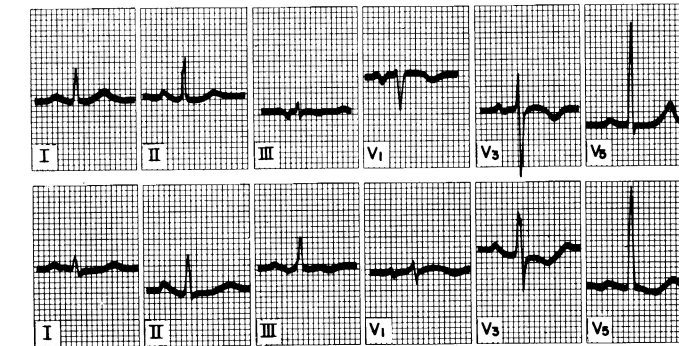
FIG. Ser26A control

FIG. Ser26B

5. Other drug effects [quinidine (Fig. Ser27 due to quinidine), procaine amide, antimony, etc.]
6. Myocarditis
7. Pericarditis

FIG. Ser27A control

FIG. Ser27B

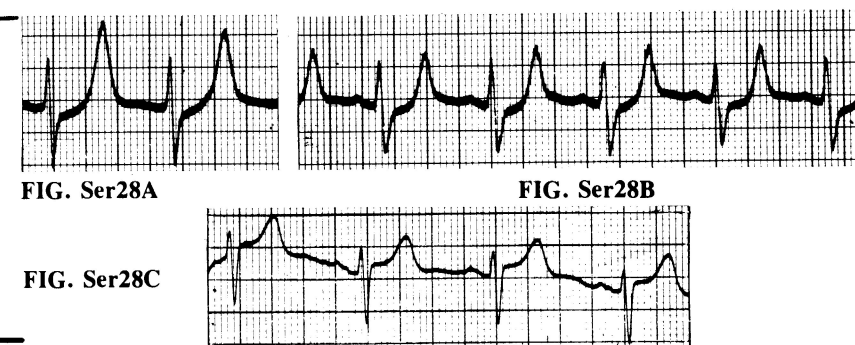


8. Return of hyperkalemia to normal
9. Almost any infectious process may on occasion be associated with T wave changes
10. Secondary to drinking cold water, changing position, eating
11. Autonomic imbalance
12. Head injury
13. Development of hypokalemia

FIG. Ser28A

FIG. Ser28B

FIG. Ser28C

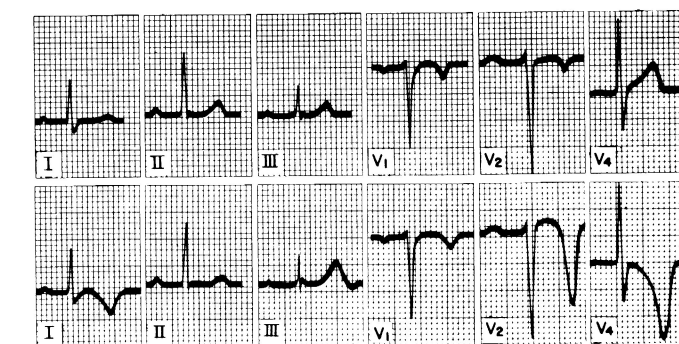


Intramural infarct.

Diagnostic significance same as B1 above. (Fig. Ser29, V2).

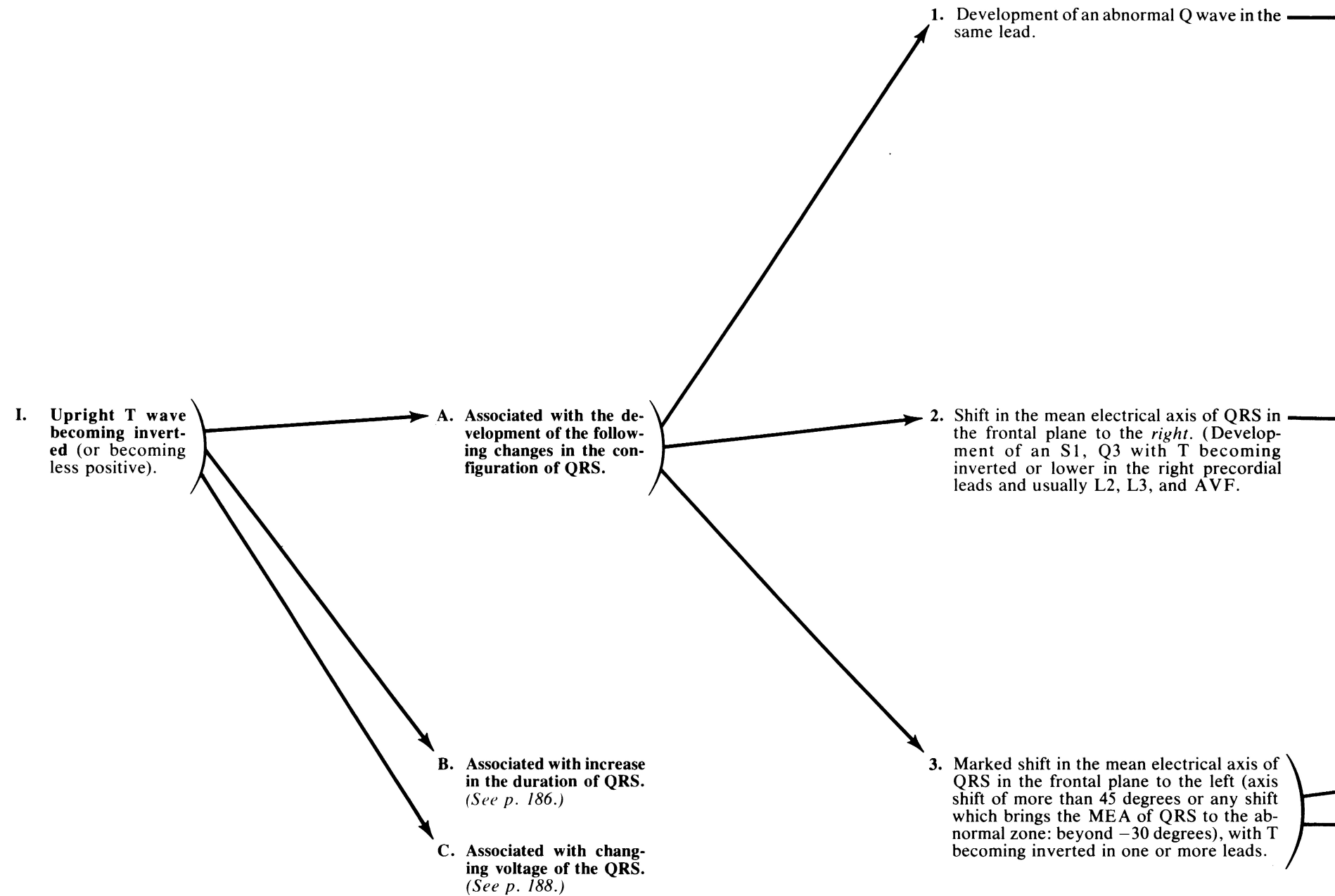
FIG. Ser29A control

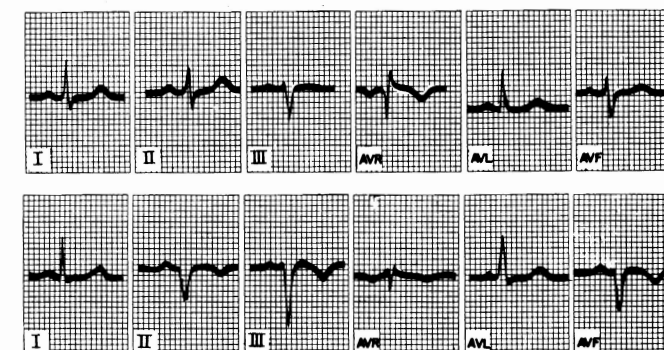
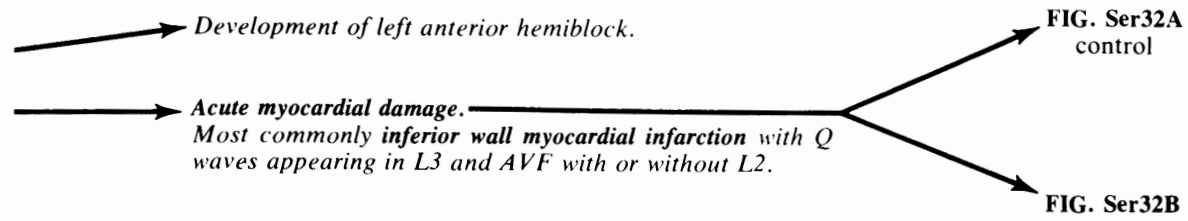
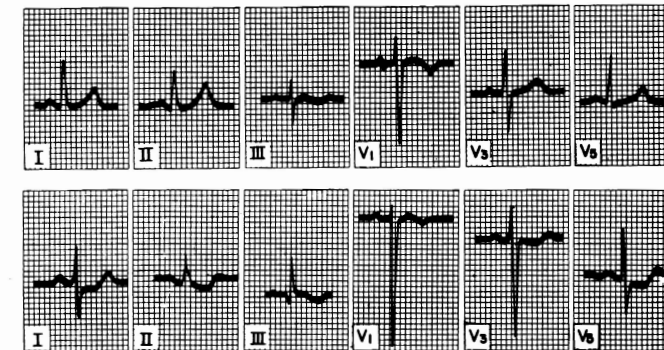
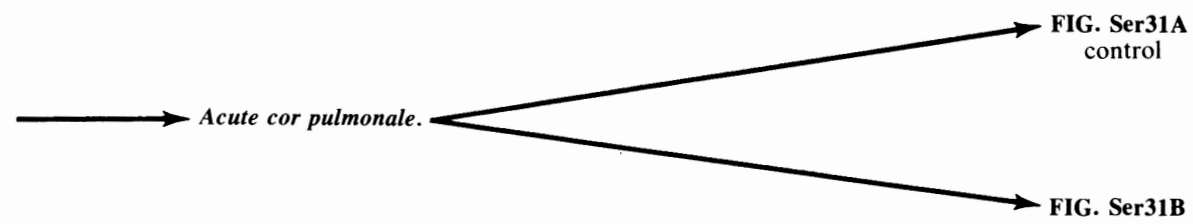
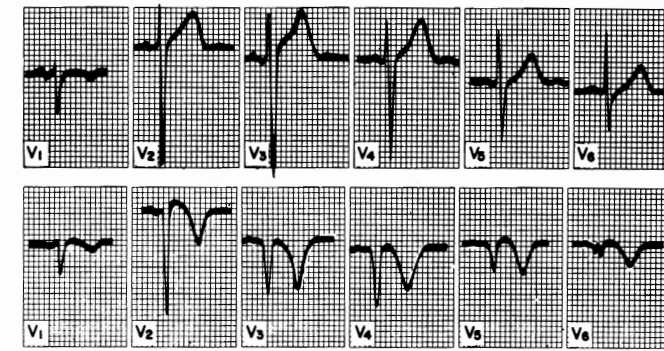
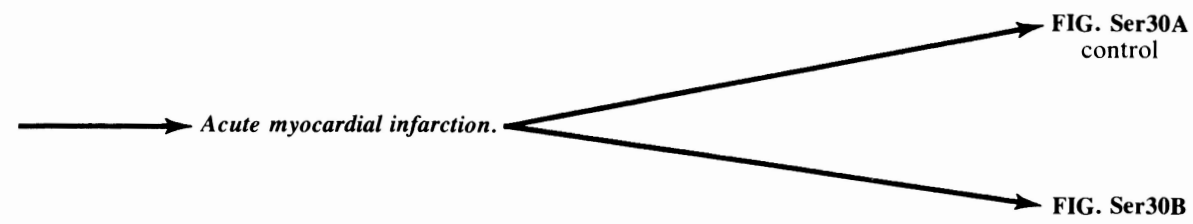
FIG. Ser29B



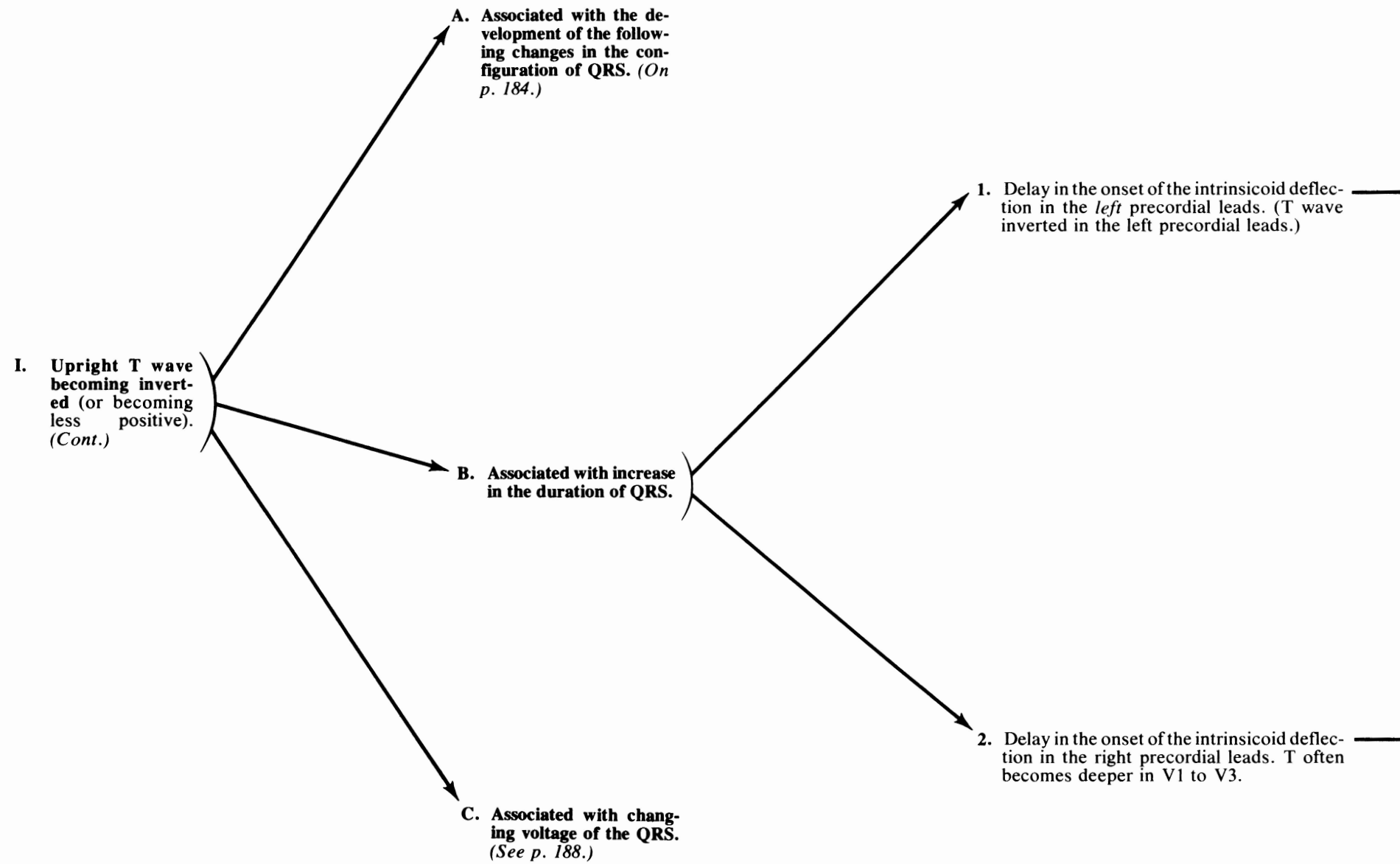
1. Recovery from, correction of, or cessation of any of the above clinical conditions toward normal.
2. Secondary to the T wave becoming inverted in some other lead. The diagnosis is made from the leads where the T wave inverts.

ACUTE SIMULTANEOUS SERIAL CHANGES:
Involving Both QRS and T





ACUTE SIMULTANEOUS SERIAL CHANGES:
Involving Both QRS and T (Cont.)



→ *Development of left bundle branch block.*

FIG. Ser33A

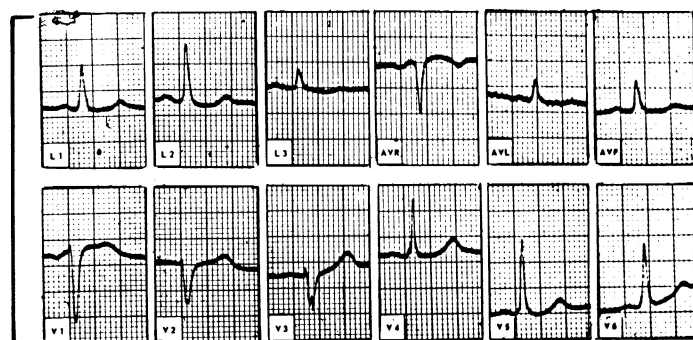
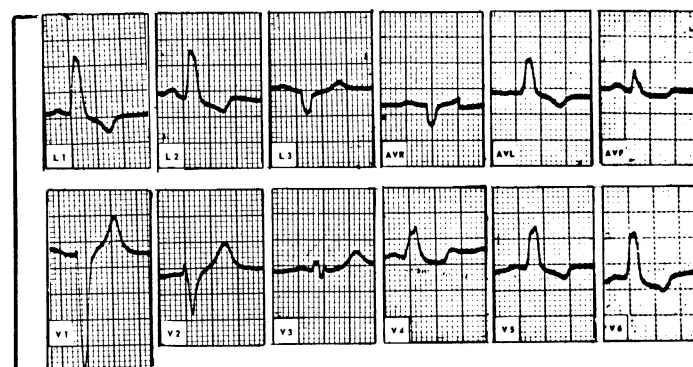


FIG. Ser33B



→ *Development of right bundle branch block.*

FIG. Ser34A

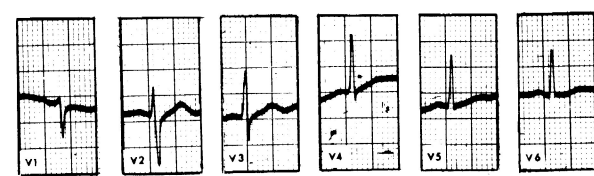
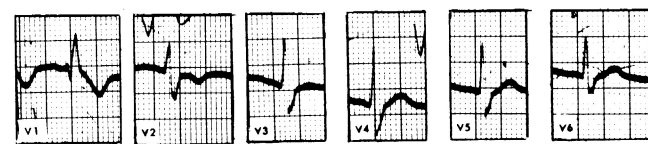
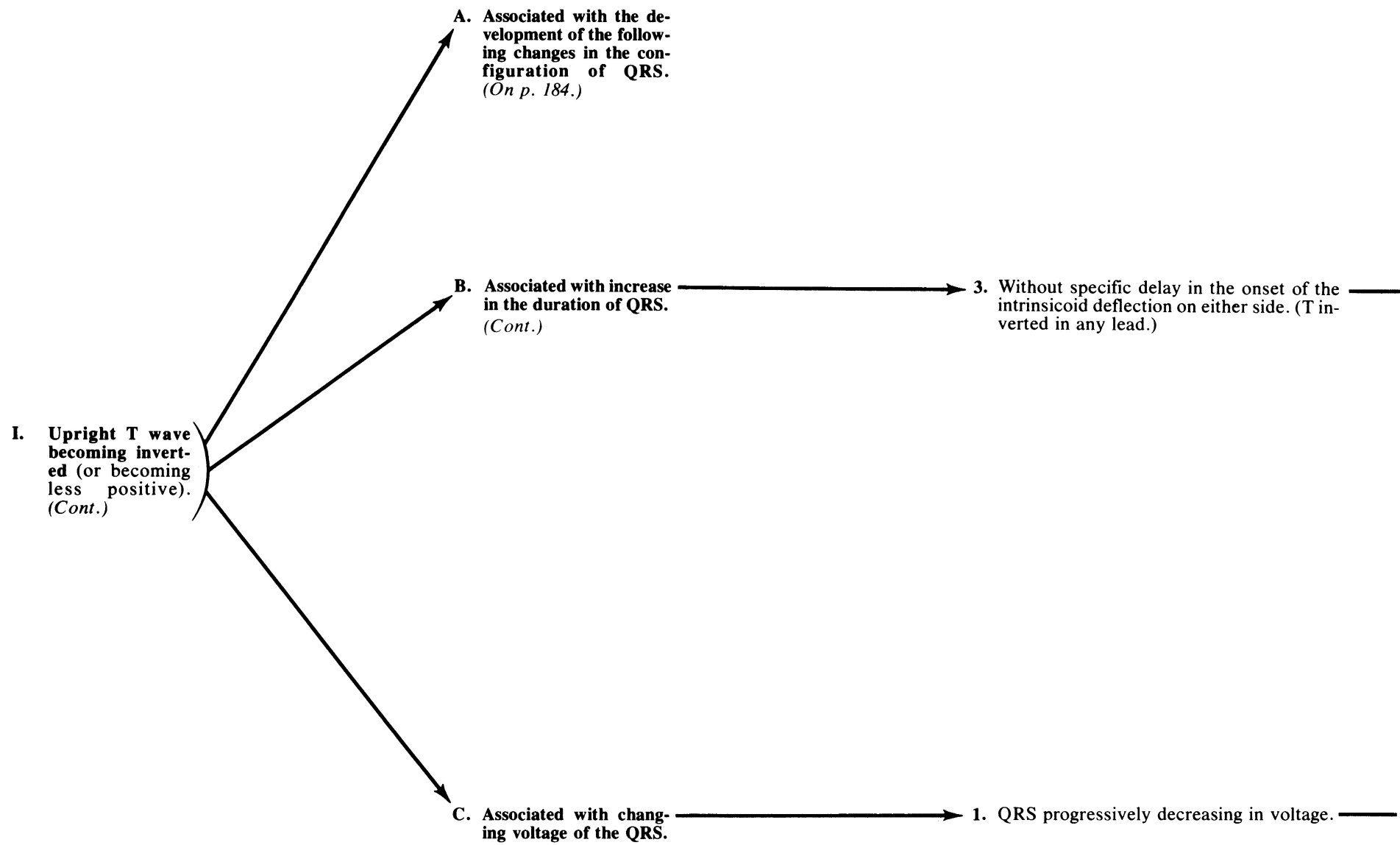


FIG. Ser34B



ACUTE SIMULTANEOUS SERIAL CHANGES:
Involving Both QRS and T (Cont.)



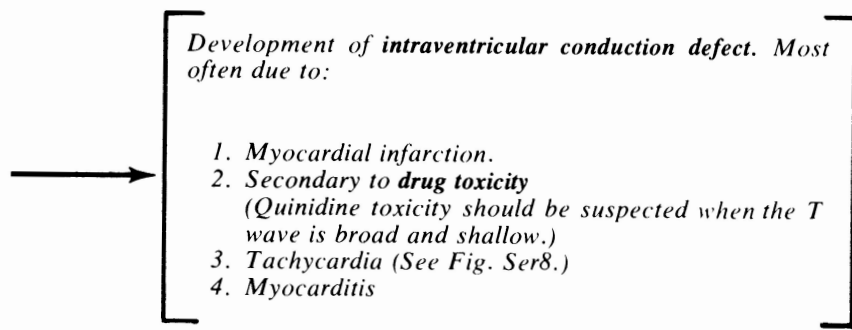


FIG. Ser35A

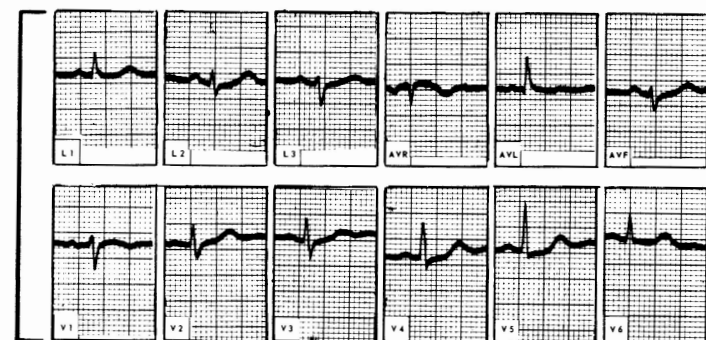


FIG. Ser35B

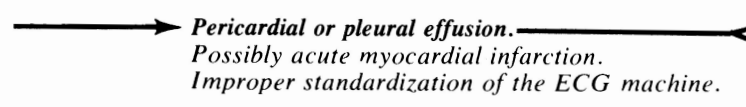
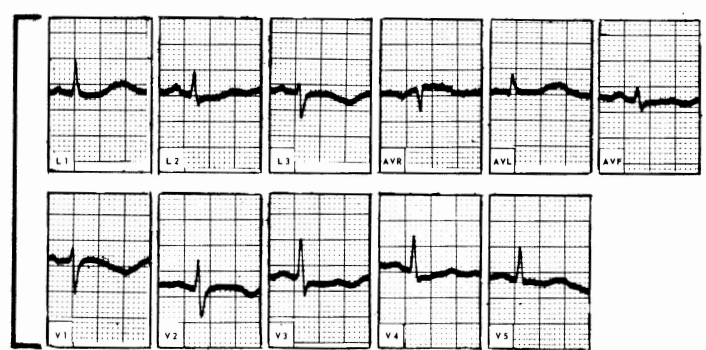


FIG. Ser36A
control

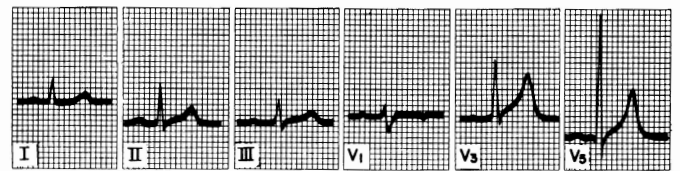


FIG. Ser36B

