

As electrode placement differs compared to a standard clinical 12-lead ECG, what differences in the electrophysiological signals should you take into account when reading a HeartEye ECG report?

This is how to interpret a HeartEye ECG report:

1. The normal QRS axis is vertical to rightward
 - The figure below shows Lead I and aVL are negative. This is normal for a HeartEye ECG.
2. The P-waves are more distinct
 - The figure below shows distinct P-waves in the inferolateral leads. This is normal for a HeartEye ECG.
3. More ST-T variations are possible under normal conditions
 - The figure below shows incongruent T-waves in Lead III, aVR and aVF. This can be normal for a HeartEye ECG.
4. The anterior leads show no R-wave progression
 - The figure below shows that there is no R-wave progression in Leads C1-C6. This is normal for a HeartEye ECG.
5. Critical stenosis in the LAD is represented by negative T-waves in leads II, III, aVF and C4-C6 rather than in leads C1-C6
6. Voltage criteria for LVH cannot be applied. Slurring of the ascending limb of the QRS-complex combined with abnormal ST-T-segments, however, are frequently noticed in LVH.
 - Consequently, the figure below is not diagnostic for LVH

