The current subject, having a VGrvpo of -42 mV·ms, is slightly suspected of having pulmonary hypertension.*

*In a study group of subjects with a normal left ventricle and suspected of pulmonary hypertension, larger (less negative / more positive) values of VGrvpo were associated with higher pulmonary artery pressures. In this study group, 3% of the actual pulmonary hypertension patients had lower, and 83% of those actually not having pulmonary hypertension had larger VGrvpo values than the current subject.

In an otherwise normal ECG, persons with a body surface area below 1.91 m² and the here measured spatial QRS-T angle are suspected of having left ventricular hypertrophy².

In patients with ischemic heart disease and an ICD indication for primary prevention because of a left ventricular ejection fraction ≤40%, a spatial QRS-T angle >100° is associated with a higher risk of appropriate ICD therapy (ATP or shock) for ventricular arrhythmias³.

The here analyzed subject has a spatial QRS-T angle ≤100°. In the beforementioned patient group, this is associated with a therapy-free episode of two years during a follow-up of four years after ICD implantation.

References