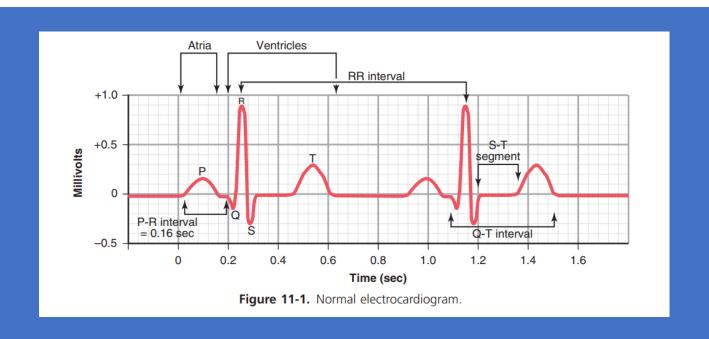
# THE NORMAL ELECTROCARDIOGRAM

ALMOTHANA KHALIL



#### OUTLINE

- Identifying each wave, segment, and interval on a normal ECG.
- Relating ECG deflections to cardiac action potentials and conduction sequence.
- 3. Understanding how the 12-lead ECG records activity from different planes.

#### PRINCIPLE OF THE ECG

- > ECG records the potentials from cardiac depolarization and repolarization.
- Body fluids conduct current to surface electrodes.
- Each wave corresponds to a specific phase of the cardiac cycle.

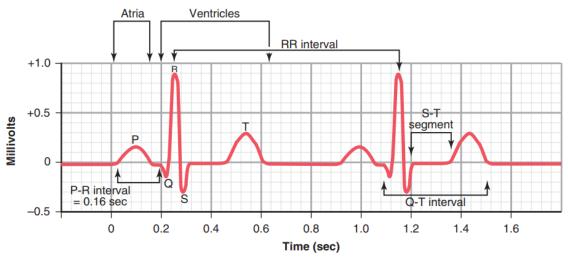
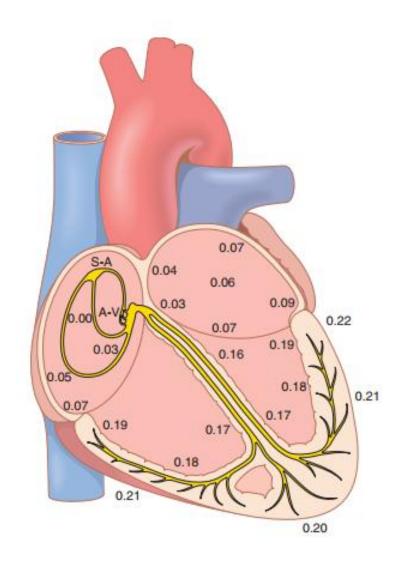


Figure 11-1. Normal electrocardiogram.

# CARDIAC CONDUCTION PATHWAY

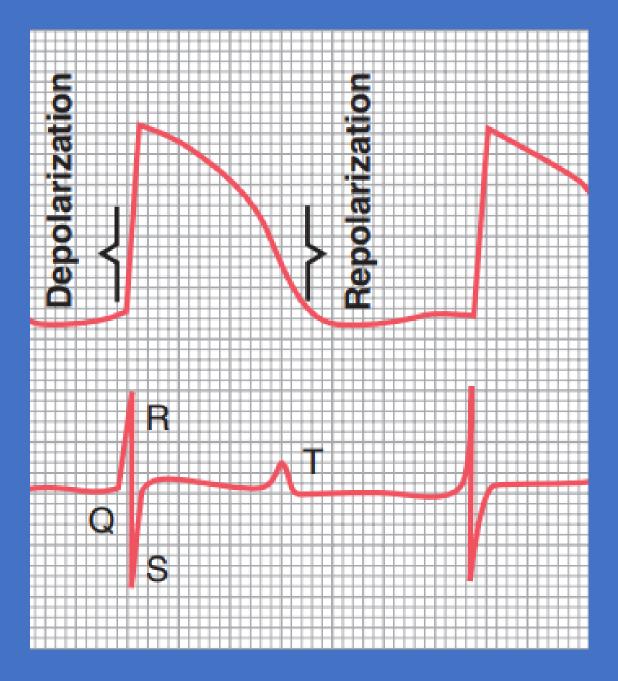
- SA node → Atria → AV node
   (delay ≈ 0.09 s) → His bundle →
   Bundle branches → Purkinje fibers
   → Ventricles.
- Ensures atria contract before ventricles.
- Defines timing of P wave, PR segment, and QRS complex.



**VMAP** 

VS

**ECG** 



#### **PWAVE**

- Represents atrial depolarization (SA node → both atria).
- Vector: right  $\rightarrow$  left and downward.
- Corresponds to atrial Phase 0 of atrial MAP (Na<sup>+</sup> influx).
- Duration ≈ 0.08 s, small positive deflection in lead II.

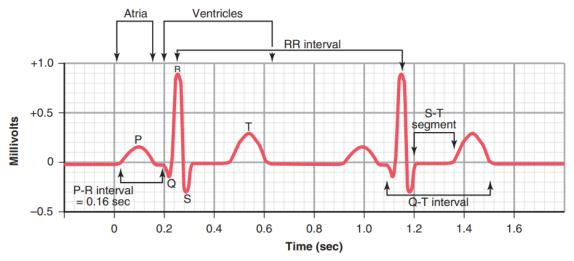


Figure 11-1. Normal electrocardiogram.

#### PR SEGMENT AND PR INTERVAL

- PR segment: AV nodal delay, no muscle activity  $\rightarrow$  isoelectric line.
- PR interval: P onset → QRS onset (total atrial + AV conduction).
- Normal  $\approx$  0.16 s; allows ventricular filling before systole.

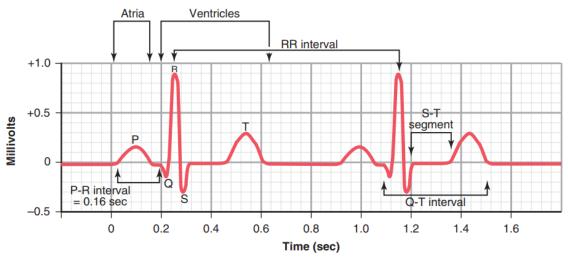


Figure 11-1. Normal electrocardiogram.

#### **QRS COMPLEX**

- Q: Septal depolarization (left → right).
- R: Main ventricular mass depolarization (apex-directed).
- S: Basal depolarization (posterior/upward).
- Total < 0.1 s; rapid Purkinje conduction.</p>

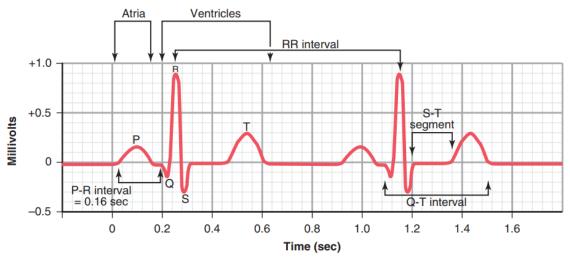


Figure 11-1. Normal electrocardiogram.

#### ST SEGMENT

- All ventricular cells depolarized → isoelectric line.
- Corresponds to VMAP Plateau (Phase 2).
- Represents electrical systole.

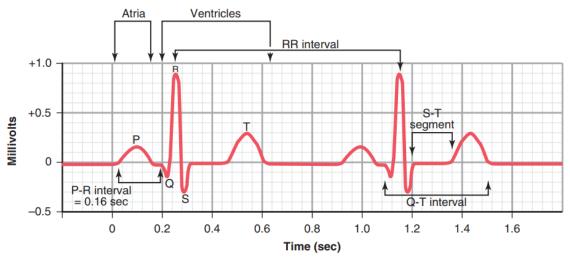


Figure 11-1. Normal electrocardiogram.

#### **TWAVE**

- Ventricular repolarization (epicardium  $\rightarrow$  endocardium).
- Opposite direction to depolarization → positive deflection.
- Corresponds to VMAP Phase 3 (K<sup>+</sup> efflux).

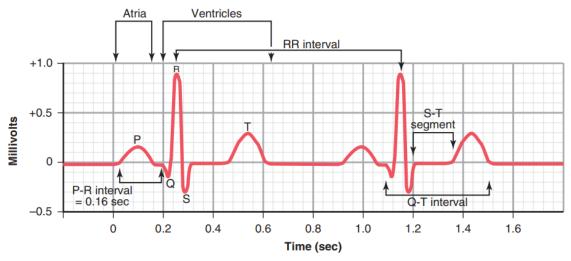


Figure 11-1. Normal electrocardiogram.

### QT INTERVAL

- From QRS onset to T wave end.
- Covers total ventricular depolarization + repolarization (Phases 0–3).
- Normal ≈ 0.35 s, varies with heart rate.

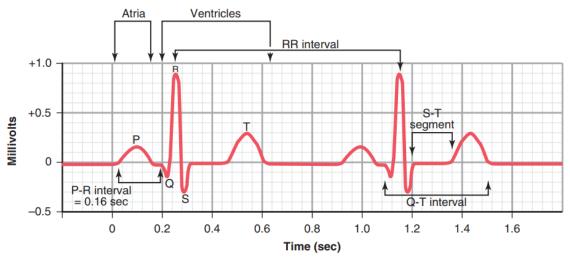


Figure 11-1. Normal electrocardiogram.

#### TP SEGMENT

- Electrical diastole; all fibers at resting potential (Phase 4).
- Baseline for next cardiac cycle.

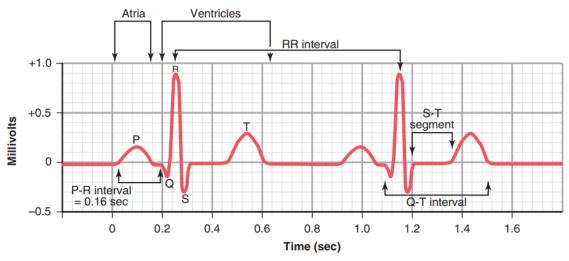
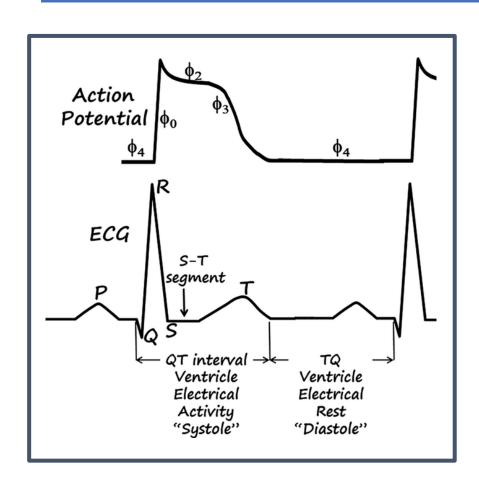


Figure 11-1. Normal electrocardiogram.

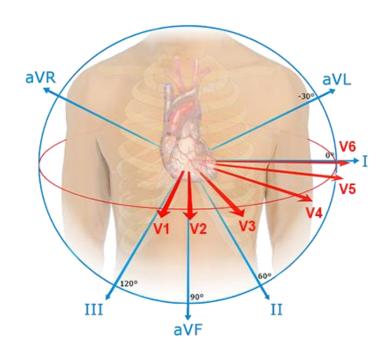
#### ALIGNMENT: ECG VS. CONDUCTION VS. VMAP

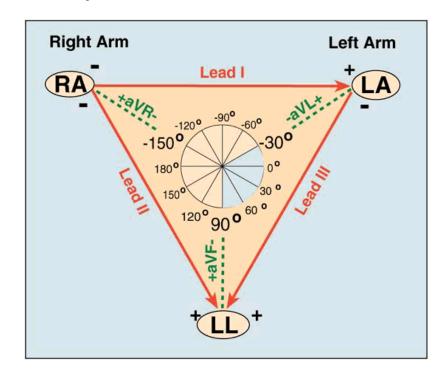


- P wave: Atrial depolarization (SA → atria) Atrial Phase 0.
- PR segment: AV delay no muscle depolarization.
- QRS: Ventricular depolarization –
   Phase 0.
- ST segment: Plateau Phase 2.
- T wave: Repolarization Phase 3.
- TP: Diastole Phase 4.

#### **CONCEPT OF LEADS**

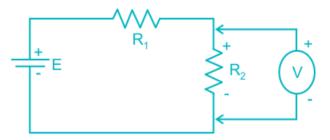
- Each lead views the heart's potential difference from a unique angle.
- 12 leads provide 12 perspectives in space.
- Together, they form a 3D map of cardiac activity.





#### **ELECTRODE VS LEAD**

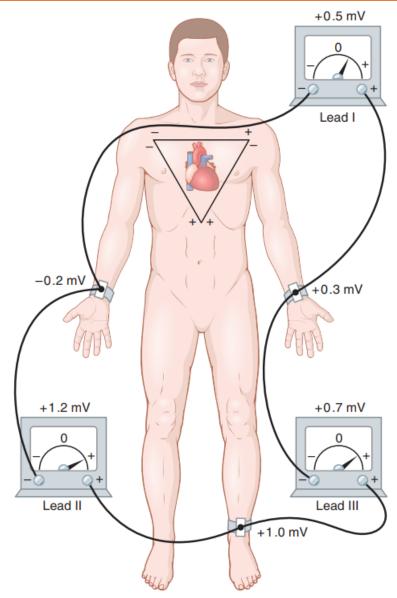
- An electrode is a physical sensor placed on the body to detect electrical signals.
- A lead is the combination of electrodes used to record the potential difference between two points (bipolar) or between a point and a reference (unipolar).



- Lead = a view of the heart:
- Each lead gives a unique angle on the heart's electrical activity.
- For example, Lead I records the difference between the left arm and right arm electrodes; it's called "Lead I" because it's one of the predefined directions used to "look at" the heart's electrical vector.

# STANDARD BIPOLAR LIMB LEADS

- Lead I: right arm  $(-) \rightarrow \text{left arm}$  (+).
- Lead II: right arm (−) → left leg
   (+); axis ≈ +60°; largest R wave.
- Lead III: left arm (-) → left leg (+); axis  $\approx +120^{\circ}$ .

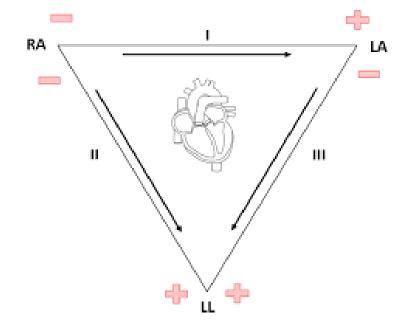


**Figure 11-6.** Conventional arrangement of electrodes for recording the standard electrocardiographic leads. Einthoven's triangle is superimposed on the chest.

# STANDARD BIPOLAR LIMB LEADS

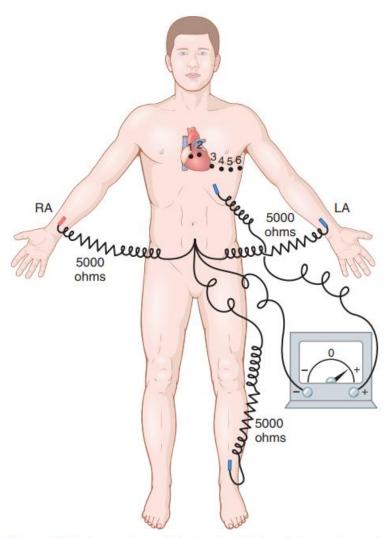
- Lead I: right arm (−) → left arm (+).
- Lead II: right arm (−) → left leg
   (+); axis ≈ +60°; largest R wave.
- Lead III: left arm (-) → left leg (+); axis  $\approx +120^{\circ}$ .
- Einthoven's Law:

Lead II = Lead I + Lead III.



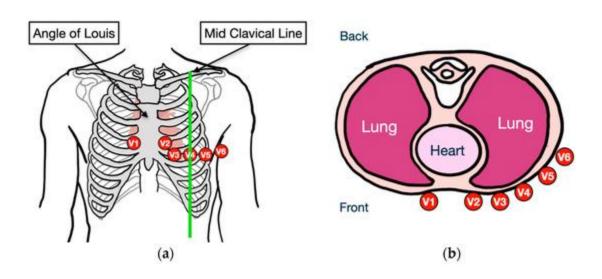
# CHEST (PRECORDIAL) LEADS

- Unipolar leads (VI–V6) record horizontal plane activity.
- Reference = Wilson's central terminal (average of limb leads).
- VI-V2: right ventricle/septum;
   negative deflection.
- V3–V4: anterior wall; transition zone.
- V5–V6: left ventricle; tall R waves.



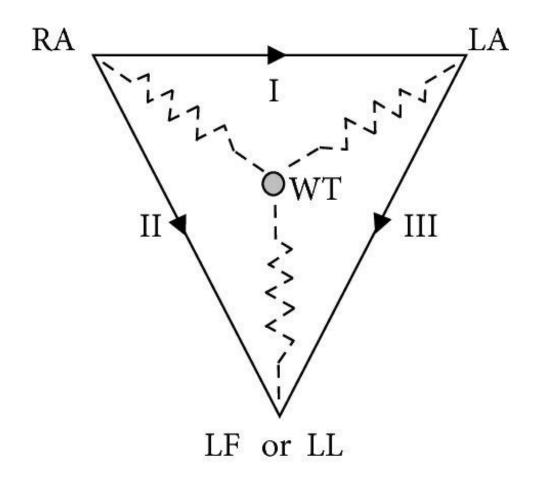
**Figure 11-8.** Connections of the body with the electrocardiograph for recording chest leads. LA, left arm; RA, right arm.

# CHEST (PRECORDIAL) LEADS



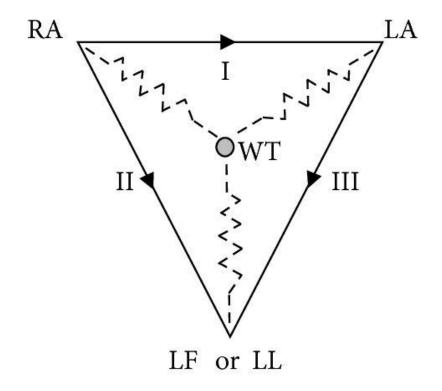
Lead	Typical QRS	Placement	Main View
VI	rS	4th intercostal space, right sternal border	Septum / RV
V2	rS	4th intercostal space, left sternal border	Septum / RV
V3	r≈S	Midway between <b>V2 and V4</b>	Transition zone
V4	Rs	5th intercostal space, midclavicular line	Anterior LV
V5	R (dominant)	Same horizontal level as V4, anterior axillary line	Lateral LV
V6	R (dominant)	Same horizontal level as V4, midaxillary line	Lateral LV

### WILSON'S CENTRAL TERMINAL



# AUGMENTED UNIPOLAR LIMB LEADS

- aVR: right shoulder → heart; negative waves.
- aVL: left shoulder view; small positive R wave.
- aVF: inferior view (foot); positive deflection.
- Average of only 2 electrodes is used as a <u>reference for the 3<sup>rd</sup></u>.



# AUGMENTED UNIPOLAR LIMB LEADS

- aVR: right shoulder → heart; negative waves.
- aVL: left shoulder view; small positive R wave.
- aVF: inferior view (foot); positive deflection.
- Average of only 2 electrodes is used as a reference for the 3<sup>rd</sup>.

aVR (Right Arm)

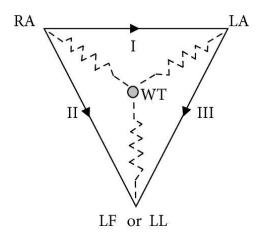
$$ext{aVR} = V_{RA} - rac{V_{LA} + V_{LL}}{2}$$

aVL (Left Arm)

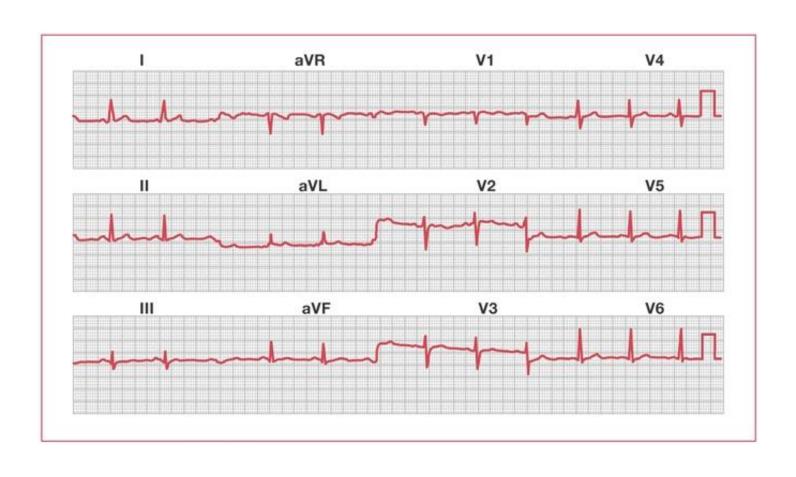
$$ext{aVL} = V_{LA} - rac{V_{RA} + V_{LL}}{2}$$

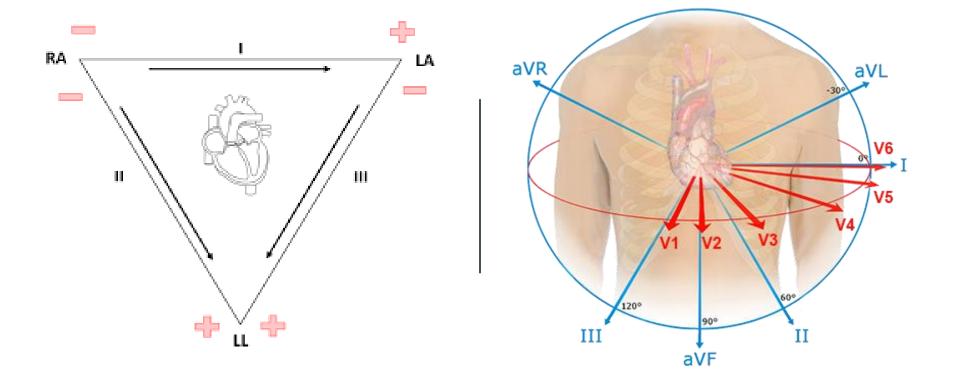
aVF (Left Leg / Foot)

$$ext{aVF} = V_{LL} - rac{V_{RA} + V_{LA}}{2}$$



# ALL 12 LEADS IN ONE SHOT





# LEAD SUMMARY

- I, II, III frontal plane: general cardiac axis (Einthoven's triangle).
- aVR, aVL, aVF frontal plane: right, left, inferior views.
- VI–V6 horizontal plane: septal, anterior, lateral walls.

# MEAN ELECTRICAL AXIS (QRS AXIS) – I

Definition:

Let the **mean QRS vector** in the frontal plane be:

$$\vec{QRS} = |\vec{QRS}|$$
 at angle  $\theta$ 

#### Where:

- $|\vec{QRS}|$  = magnitude of vector
- θ = mean QRS axis (angle from Lead I, horizontal)

### MEAN ELECTRICAL AXIS (QRS AXIS) – II

Lead orientations (the 6 frontal leads):

For any lead at angle  $heta_{
m lead}$ :

Lead	CW Angle from x <sup>+</sup>
1	0°
11	+60°
III	+120°
aVR	-150°
aVL	-30°
aVF	+90°

, and a sugar lead

$$V_{
m lead} = |ec{QRS}|\cos( heta - heta_{
m lead})$$

1. Lead I (0°)

$$V_I = |ec{QRS}|\cos( heta - 0^\circ) = |ec{QRS}|\cos heta$$

2. Lead II (+60°)

$$egin{aligned} V_{II} &= |Qec{R}S|\cos( heta-60^\circ) = |Qec{R}S|(\cos heta\cos60^\circ + \sin heta\sin60^\circ) \ &\cos60^\circ = 0.5, \quad \sin60^\circ = 0.866 \ \ &\Rightarrow V_{II} = |Qec{R}S|(0.5\cos heta+0.866\sin heta) \end{aligned}$$

3. Lead III (+120°)

$$egin{aligned} V_{III} &= |Q ec{R} S| \cos( heta - 120^\circ) = |Q ec{R} S| (\cos heta \cos 120^\circ + \sin heta \sin 120^\circ) \ &\cos 120^\circ = -0.5, \quad \sin 120^\circ = 0.866 \ &\Rightarrow V_{III} = |Q ec{R} S| (-0.5 \cos heta + 0.866 \sin heta) \end{aligned}$$

### MEAN ELECTRICAL AXIS (QRS AXIS) – III

Lead orientations (the 6 frontal leads):

Lead	CW Angle from x <sup>+</sup>		
T	0°		
II	+60°		
III	+120°		
aVR	-150°		
aVL	-30°		
aVF	+90°		

For any lead at angle  $\theta_{\mathrm{lead}}$ :

$$egin{align*} V_{
m lead} &= ig| Q ec{R} S ig| \cos( heta - heta_{
m lead}) \ & ext{4. aVR (-150°)} \ V_{aVR} &= |Q ec{R} S| \cos( heta - (-150^\circ)) = |Q ec{R} S| \cos( heta + 150^\circ) \ \cos 150^\circ &= -0.866, \quad \sin 150^\circ &= 0.5 \ & ext{$\Rightarrow$ $V_{aVR} = |Q ec{R} S| (-0.866 \cos heta + 0.5 \sin heta)$} \ & ext{5. aVL (-30°)} \ V_{aVL} &= |Q ec{R} S| \cos( heta - (-30^\circ)) = |Q ec{R} S| \cos( heta + 30^\circ) \ \cos 30^\circ &= 0.866, \quad \sin 30^\circ &= 0.5 \ & ext{$\Rightarrow$ $V_{aVL} = |Q ec{R} S| (0.866 \cos heta + 0.5 \sin heta)$} \ & ext{6. aVF (+90°)} \ \end{aligned}$$

 $V_{aVF} = |\vec{QRS}|\cos(\theta - 90^{\circ}) = |\vec{QRS}|(\cos\theta \cdot 0 + \sin\theta \cdot 1) = |\vec{QRS}|\sin\theta$ 

### MEAN ELECTRICAL AXIS (QRS AXIS) – IV

Example: find the QRS vector given leads I (+0.5 mV) and II (+0.7 mV)

$$egin{cases} V_I = |Qec{R}S|\cos( heta-0^\circ) = |Qec{R}S|\cos heta \ V_{II} = |Qec{R}S|\cos( heta-60^\circ) = |Qec{R}S|ig(\cos heta\cos60^\circ + \sin heta\sin60^\circig) \end{cases}$$

Substitute cos60° = 0.5, sin60° = √3/2 ≈ 0.866:

$$V_{II} = |ec{QRS}| \left(0.5\cos heta + 0.866\sin heta
ight)$$

Solve for θ:

$$egin{split} rac{V_{II}}{V_I} &= rac{0.5\cos heta + 0.866\sin heta}{\cos heta} = 0.5 + 0.866 an heta \ \Rightarrow an heta &= rac{V_{II}/V_I - 0.5}{0.866} \end{split}$$

### MEAN ELECTRICAL AXIS (QRS AXIS) – V

Example: find the QRS vector given leads I (+0.5 mV) and II (+0.7 mV)

#### [Angle calculation]

Formula using Leads I & II:

$$an heta=rac{V_{II}/V_I-0.5}{0.866}$$

Substitute numbers:

$$an heta = rac{0.7/0.5 - 0.5}{0.866} = rac{1.4 - 0.5}{0.866} = rac{0.9}{0.866} pprox 1.039$$
 $heta = \arctan(1.039) pprox 46.0^{\circ}$ 

Which quadrant?

Since both leads are positive, we are in the  $4^{th}$  quadrant  $(x^+, y^-)$ , so keep the angle.

## MEAN ELECTRICAL AXIS (QRS AXIS) – VI

Example: find the QRS vector given leads I (+0.5 mV) and II (+0.7 mV)

[Magnitude calculation using lead I; lead II can be used for confirmation]

$$|ec{QRS}| = rac{V_I}{\cos heta}$$

 $\cos 46^{\circ} \approx 0.694$ 

$$|ec{QRS}| = rac{0.5}{0.694} pprox 0.720 ext{ mV}$$

So, the QRS vector is 0.72 mV, 46 degrees CW from the positive x-axis.

#### **CLOSING QUOTE**

"The ECG is the language of the heart's electricity — to read it well, we must think in both time and space (4D)."

#### REFERENCES

- Guyton and Hall Textbook of Medical Physiology, 13th Ed., Chapter 11
- Dr. Faisal's lectures
- Kaewrat, C., Anopas, D., Aung, S.T., & Punsawad, Y. (2024). Application of Augmented Reality Technology for Chest ECG Electrode Placement Practice. *Informatics*, 11(1), Article 5.

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