

Upon analyzing the provided ECG tracing, several key features and abnormalities are evident:



GEM

- Findings: previous lateral infarct (infarcted mvocardial tissue) Evidence: small g waves in I and aVL with persistent ST-T abnormalities
 - **Findings:** sinus rhythm with occasional premature ventricular contractions (PVCs) Evidence: irregular RR intervals, particularly the shorter interval at 255 ms and the compensatory pause
 - following it at 517 ms Findings: left axis deviation
 - **Evidence:** predominantly negative QRS complex in leads II. III. and aVF
 - Findings: myocardial injury or prior infarction Evidence: ST-T changes across multiple leads, particularly in the lateral precordial leads (V5, V6, I. aVL)
- Findings: right bundle branch block (RBBB) with left anterior fascicular block (LAFB) **Evidence:** prolonged ORS duration across multiple leads (>120 ms, particularly in leads I, aVL, and V6), rsR' pattern in V1 and deep S waves in leads V5-V6



Conclusions: overall, this is an abnormal ECG with a combination of conduction disturbances, PVCs, and evidence of prior myocardial infarction, warranting further clinical correlation and possibly additional cardiac evaluation.

