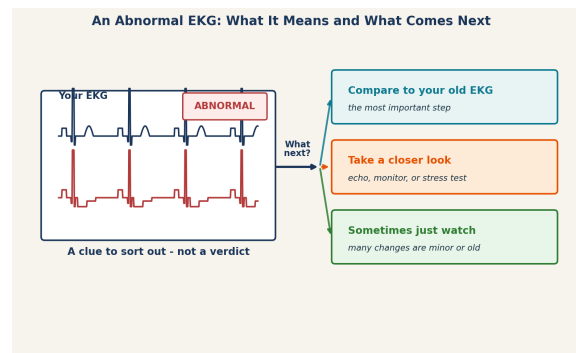


Your EKG Came Back Abnormal

What the Common Findings Mean, Why Many Are Minor or Old, and What Comes Next

An abnormal EKG is a clue to sort out, not a verdict. Many abnormal tracings are minor, old, or even false - and comparing your EKG to an earlier one is often what matters most.



Online: <https://go.riasalimd.com/abnormal-ekg-guide>

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

Last Updated: August 2026



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Names & Terms You Will Hear

Term	Meaning
EKG / ECG (electrocardiogram)	A quick, painless test that records the heart's electrical signals through stickers on your skin. EKG and ECG are the same test - two spellings.
Abnormal EKG	An EKG that shows a pattern outside the usual one. It is a finding to explain - not a diagnosis by itself, and not the same as a heart attack.
Q wave	A dip on the tracing that, when deep, is often the fingerprint of an OLD, healed heart attack - something that happened in the past, not now.
ST segment / T wave	The part of each beat that shows how the heart muscle recovers. Changes here can hint at low blood flow, but are very often nonspecific and harmless.
Nonspecific ST-T changes	Small ST or T-wave changes that do not point to any one cause. They are common and frequently benign - the context and a prior EKG decide their meaning.
Bundle branch block (BBB)	A delay in the heart's wiring, so one side lights up a bit later. A right bundle branch block is often harmless; a left one (LBBB) usually needs a closer look.
Atrial fibrillation (AFib)	A common irregular rhythm from the top chambers. On the EKG the beats are irregular with no clear P waves. It often needs treatment and a blood-clot risk review.
Left ventricular hypertrophy (LVH)	A pattern that suggests the heart's main pumping chamber has thickened - most often from years of high blood pressure. An echo can confirm it.
Long QT	The recharge phase between beats is stretched out. It can come from genes, certain medicines, or low potassium or magnesium, and it can raise the risk of a dangerous rhythm.
Arrhythmia	Any abnormal heart rhythm - too fast, too slow, or irregular. AFib is one kind. An EKG is a 10-second snapshot, so a monitor may be added to catch others.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
 4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
 Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Term	Meaning
Sinus rhythm	The normal, healthy rhythm started by the heart's natural pacemaker. Seeing 'normal sinus rhythm' on a report is reassuring.
Prior / baseline EKG	An earlier tracing of yours. Comparing your new EKG to a prior one is often the single most useful step - a change that has been there for years is far less worrying than a new one.

Read this first. An abnormal EKG is a clue to sort out, not a verdict - and it is not a heart attack. Many abnormal tracings are minor, old, or even false alarms. The single most useful step is often to compare your EKG to an earlier one of yours: a change that has been there for years is far less worrying than a brand-new one. The one firm exception is below.

The one emergency rule. A NEW abnormal EKG together with chest pain - especially chest pain that is severe, lasts more than a few minutes, comes at rest, or spreads to the arm, jaw, neck, or back with sweating or nausea - is treated as a possible heart attack. Do not wait, and do not drive yourself. Call 911.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>

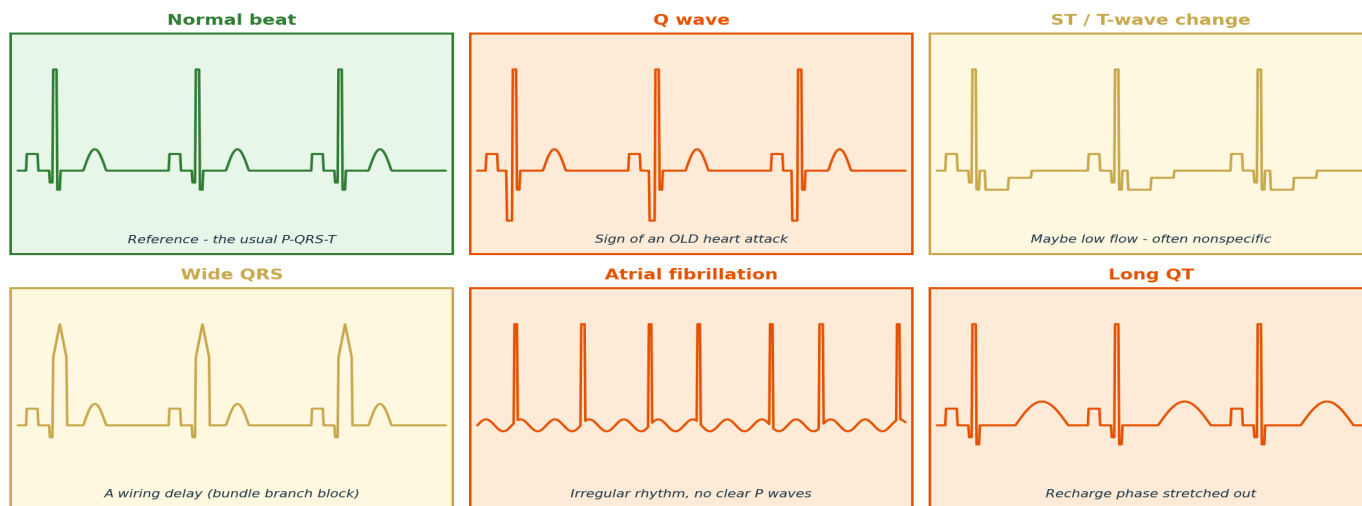


Save
Contact Info

Your EKG Came Back Abnormal?

- An EKG (also spelled ECG) records your heart's electrical signals through small stickers on your chest, arms, and legs. It takes about 10 seconds, is painless, and uses no needles or dye.
- It is read by the computer first and then by a doctor. The computer is a helpful first pass, but it over-calls 'abnormal' often - so a human reading is what counts.
- 'Abnormal' simply means the tracing is outside the usual pattern. It is a finding to explain, not a diagnosis on its own - and it is not the same as a heart attack.
- The common abnormal findings have plain meanings. A deep Q wave can mark an OLD heart attack. ST or T-wave changes can hint at low blood flow but are often nonspecific. A wide QRS means a wiring delay (bundle branch block). An irregular rhythm with no clear P waves is atrial fibrillation. A tall-voltage pattern suggests thick muscle (LVH), usually from high blood pressure. A stretched recharge phase is a long QT.
- Here is the part that surprises people: many abnormal EKGs are minor, old, or even false alarms. The single most useful step is often to compare your tracing to an EARLIER one of yours.
- A change that has been there unchanged for years is far less worrying than a brand-new one. That is why your doctor asks whether we have a prior EKG on file.

Normal vs Common Abnormal EKG Patterns - in Plain Words



Normal vs common abnormal EKG patterns. A reference beat comes first. Then five findings this guide explains: an old-heart-attack Q wave, an ST/T-wave change, a wide QRS (a wiring delay), atrial fibrillation, and a long QT. The tracings are stylized to show the shape, not to scale.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Common Abnormal Findings - What Each May Mean and the Usual Next Step

Finding on the report	What it may mean	Usual next step
Q wave	Often an OLD, healed heart attack	Compare to old EKG; echo; risk-factor care
ST / T-wave change	Maybe low blood flow - often nonspecific	Compare; consider stress test if symptoms
Bundle branch block	A wiring delay (RBBB often harmless; LBBB needs a look)	Compare; echo if new or if LBBB
Atrial fibrillation	A common irregular rhythm	Clot-risk review; rate or rhythm control
Thick muscle (LVH)	Often long-standing high blood pressure	Confirm with echo; control blood pressure
Long QT	Stretched recharge phase between beats	Review medicines and minerals; monitor
Nonspecific changes	Frequently harmless - context decides	Compare to old EKG; often just reassurance



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Findings That Are Often Minor, Old, or False

- Nonspecific ST-T changes: small changes that do not point to any one cause. In someone who feels well, with a matching old tracing, they are frequently harmless. Context, not the squiggle, decides.
- An old Q wave: a deep Q wave usually marks a heart attack that already happened and healed - sometimes one you never knew about. It is a record of the past, managed by protecting the rest of the heart.
- A right bundle branch block (RBBB): a common wiring delay that is often a harmless variant, especially when it has been there for years and you have no symptoms.
- A borderline computer reading: the EKG machine over-calls 'abnormal.' Many of these clear the moment a doctor reads the tracing in context and compares it to a prior one.
- Why comparison settles most of these: if today's tracing matches one from years ago, the finding is old and stable - and the workup often ends right there with reassurance.
- The honest framing: 'abnormal' on these findings usually means 'different from textbook,' not 'dangerous.' Most need a careful look and a prior EKG - not a procedure.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Findings That Usually Earn a Closer Look

- Atrial fibrillation (AFib): an irregular rhythm with no clear P waves. It brings a stroke-risk review and rhythm or rate control. Because it can come and go, a monitor may be added. See our AFib guide.
- A long QT: the recharge phase between beats is stretched out. It can come from genes, certain medicines, or low potassium or magnesium, and can raise the risk of a dangerous rhythm. We review your medicines and minerals. See our Long QT guide.
- Thick muscle (LVH): a tall-voltage pattern suggests the main pumping chamber has thickened, most often from long-standing high blood pressure. An echo confirms it, and blood-pressure control is the treatment.
- A left bundle branch block (LBBB): unlike a right one, an LBBB deserves a closer look because it can travel with other heart problems. It also changes how we read the rest of the EKG. See our LBBB guide.
- A new change of any kind: a finding that was not on your old tracing gets attention regardless of type. New is the word that moves us to act.
- What 'a closer look' means: usually an echo, a monitor, or a stress test - calm, low-risk tests that confirm or clear the question. A procedure follows only a specific, confirmed problem.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Why It Matters

- An abnormal EKG matters because it can be the first sign of something worth treating - an old heart attack we did not know about, a rhythm like AFib, thick muscle from high blood pressure, or a long QT that needs care with medicines.
- But it matters just as much that many abnormal tracings are harmless. Nonspecific ST-T changes, a long-standing right bundle branch block, or a borderline computer reading often mean nothing on their own. Treating a harmless finding as a disease brings worry and tests you may not need.
- It matters whether the finding is OLD or NEW. An old Q wave that has not changed in years is a record of the past. A new change on today's tracing is the one that gets prompt attention.
- It matters in context. The same ST-T change means one thing in a person with chest pain and another in someone who feels completely well. Your symptoms and risk factors are read alongside the tracing - never the squiggle alone.
- And one situation always matters and always moves fast: a NEW abnormal EKG together with chest pain. That pairing is treated as a possible heart attack and is a 911 call - not a wait-and-see.

Common EKG Findings, Mapped to Plain Meaning

What the report says	What it usually means
Q wave	Often an OLD, healed heart attack
ST / T-wave change	Maybe low blood flow - often nonspecific
Bundle branch block	A wiring delay in the heart
Atrial fibrillation	A common irregular rhythm
Thick muscle (LVH)	Often from long-standing high BP
Nonspecific changes	Frequently harmless - context decides

Common EKG findings, mapped to plain meaning. Green marks findings that are usually minor, gold marks 'it depends - context decides,' and orange marks findings that usually earn a closer look. None of these is a diagnosis by itself.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

'Nonspecific' does not mean dangerous. Small ST or T-wave changes labeled 'nonspecific' do not point to any one cause. In a person who feels well, with a matching old tracing, they are frequently harmless. They draw their meaning from your symptoms and context - not from the squiggle alone. The same is true of a borderline 'abnormal' from the EKG machine, which over-calls changes that a doctor then sets in context.

By Finding Type - and the Usual Next Step

Often minor or old	It depends - context decides	Earns a closer look	Emergency
• Nonspecific ST-T changes • An old, healed-heart-attack Q wave • A long-standing right bundle branch block • Usual step: compare to old EKG; often reassurance	• ST/T changes with or without symptoms • Thick muscle (LVH) on the tracing • A new bundle branch block • Usual step: echo, and a stress test if symptoms	• Atrial fibrillation or another arrhythmia • A long QT • A left bundle branch block (LBBB) • Usual step: rhythm care, med or mineral review, monitor	• A NEW abnormal EKG WITH chest pain • Fainting with a long QT or a rhythm problem • Severe, lasting, or spreading chest pressure • Usual step: call 911 - treat as a heart attack



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
 4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
 Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
What makes an abnormal finding more likely to be REAL and important	It is NEW compared with your old EKG. It comes with symptoms - chest pain, breathlessness, fainting, or palpitations. You have risk factors like high blood pressure, diabetes, or a strong family history. A clear, large pattern rather than a borderline one.
What makes an abnormal finding more likely to be MINOR or a false alarm	It has been unchanged on prior EKGs for years. You feel completely well. It is a borderline, computer-only call. It is a common harmless variant - like a right bundle branch block or nonspecific ST-T changes in a low-risk person.
Why high blood pressure shows up on the EKG	Years of high pressure make the main pumping chamber work harder, and the muscle thickens (left ventricular hypertrophy). The EKG can pick up the taller electrical signals. Controlling blood pressure is the treatment - and an echo confirms the thickening.
Why some medicines and low minerals cause a long QT	Some antibiotics, anti-nausea drugs, and psychiatric medicines can stretch the recharge phase. So can low potassium or magnesium. Often the fix is simple: adjust a medicine or replace a mineral. That is why your med list matters.
Why a prior EKG is the most useful thing you can bring	Comparison turns a scary 'abnormal' into a clear answer. If today's tracing matches one from five years ago, the finding is old and stable. If it is new, we act. Ask past doctors or hospitals to send your old EKGs.
Why one EKG can miss a rhythm problem	An EKG is only a 10-second snapshot. An on-and-off rhythm like AFib can hide between recordings. If we suspect a rhythm we cannot catch in the moment, we add a wearable monitor for days to weeks.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Is This Finding More Likely Important, or Minor?

Points toward IMPORTANT	Points toward MINOR / false alarm
New, compared with your old EKG	Unchanged on prior EKGs for years
Comes with symptoms	You feel completely well
You have risk factors	Low-risk, borderline finding
A clear, large pattern	A computer-only, borderline call
Chest pain alongside it	A common harmless variant (e.g., RBBB)



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Treatment Options

- Step one is almost always to COMPARE. Your doctor looks for a prior EKG. If today's tracing matches an old one, the finding is old and stable - often the whole story ends there with reassurance.
- Step two is to repeat or recheck when needed. A borderline tracing can be repeated with the stickers placed carefully, sometimes clearing a 'change' that was just a placement artifact.
- An echocardiogram (a heart ultrasound) is the usual next test when the EKG suggests structure - thick muscle (LVH), an old heart attack, or a weakened pump. It is painless and uses no radiation.
- A monitor is added when a rhythm is the question. A Holter or patch worn for days to weeks, or a longer recorder, can catch an on-and-off rhythm like AFib that a 10-second EKG missed.
- A stress test is used when ST-T changes raise the question of low blood flow with effort. It checks how the heart behaves when it works hard, and helps sort a real blood-flow problem from a nonspecific change.
- For specific findings, the care is specific. AFib brings a clot-risk review and rhythm or rate control. A long QT brings a medicine review, mineral check, and sometimes genetic testing. LVH brings blood-pressure control. An old Q wave brings risk-factor care to protect the rest of the heart.
- And sometimes the right treatment is nothing more than reassurance. A nonspecific change in someone who feels well, with a matching old tracing, may need no test at all. We just note it and recheck if anything changes.
- Across all of it, risk-factor care helps: control blood pressure and cholesterol, treat diabetes, do not smoke, keep your med and mineral levels in range, and bring your old records to every visit.



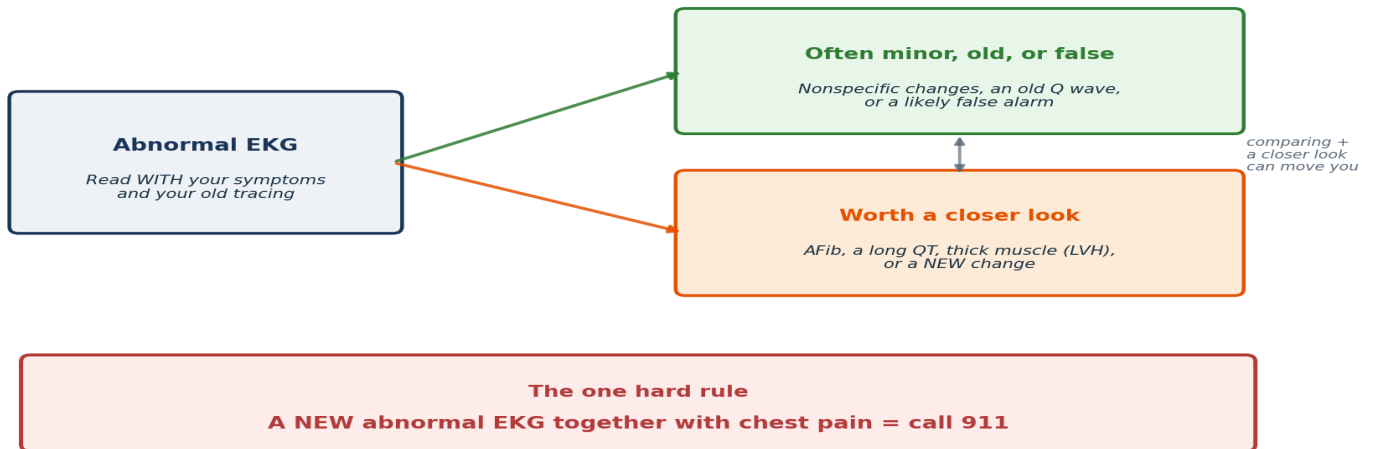
Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Sorting an Abnormal EKG - and the One Emergency Rule



Sorting an abnormal EKG, read with your symptoms and your old tracing: often minor/old/false on one side, worth a closer look on the other - and the lanes can move as we compare and test. The one hard rule: a NEW abnormal EKG with chest pain is a 911 call.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Compare to a prior EKG vs treat today's tracing alone	Comparison has essentially no risk. The only downside is the effort of tracking down old records, and a short wait while we get them.	Comparing is the highest-value, lowest-risk step. A matching old tracing turns a scary 'abnormal' into 'old and stable,' and often ends the workup with reassurance - no extra tests.	If no prior EKG exists, today's tracing becomes your new baseline, read carefully alongside your symptoms and risk.
Do more testing (echo / monitor / stress test) vs watch and recheck	Testing: an echo and a monitor carry no radiation and essentially no risk; a stress test has a small, well-managed risk. The main downside of over-testing is cost, time, and chasing harmless findings.	Testing is worth it when the EKG points to structure (LVH, old scar), a rhythm (AFib), or possible low blood flow - or when a finding is new. It confirms or clears the question.	For a stable, nonspecific change in someone who feels well, watching with a planned recheck is often the right and safest call.
Act now vs wait, when chest pain is present	Waiting on a NEW abnormal EKG with chest pain risks missing a heart attack - the one situation where minutes matter.	When chest pain comes with a new abnormal EKG, acting now - calling 911 - is always the right choice. This is not a finding to sleep on.	Without chest pain or other warning symptoms, most abnormal EKGs are sorted out calmly over days, not minutes.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Common Misconceptions

Myth	Reality
An abnormal EKG means I am having a heart attack.	No. An abnormal EKG is a pattern outside the usual one - it is a finding to explain. A heart attack is a sudden blockage with active damage and usually symptoms. Many abnormal EKGs are old, minor, or false alarms. The exception is a NEW abnormal EKG with chest pain, which is treated as an emergency.
If the computer says 'abnormal,' it must be serious.	Not necessarily. The EKG machine reads the tracing first and over-calls 'abnormal' often. A doctor's reading - and a comparison to your old EKG - is what decides whether it means anything. A computer label is a first pass, not the final word.
Any change on my EKG needs a stent or a procedure.	Usually not. Most abnormal EKGs lead to comparison, reassurance, or a simple test like an echo. Procedures are for specific, confirmed problems - not for a squiggle on a tracing. The first job is to find out what the finding actually means.
A Q wave means I am about to have a heart attack.	A deep Q wave usually marks an OLD heart attack - something that already happened and healed, often without your knowing. It is a record of the past. The plan is to protect the rest of the heart with good risk-factor care, not to brace for a new event.
Nonspecific ST-T changes are dangerous.	'Nonspecific' literally means the change does not point to any one cause. In a person who feels well, with a matching old tracing, these are frequently harmless. They draw their meaning from your symptoms and context - not from the squiggle alone.



Myth	Reality
A bundle branch block means my heart is failing.	A bundle branch block is a wiring delay. A right bundle branch block is often harmless and can be a normal variant. A left one (LBBB) deserves a closer look because it can go with other heart problems - but on its own it is not heart failure. See our LBBB guide.
One normal-looking EKG rules out every rhythm problem.	No. An EKG is only a 10-second snapshot. An on-and-off rhythm like AFib can hide between recordings. If we suspect a rhythm we cannot catch in the moment, a wearable monitor worn for days to weeks is the way to find it.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
 4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
 Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Living with the worry of an unexplained 'abnormal'	An abnormal label that is not yet sorted out is stressful. The fastest cure is information - comparing to an old EKG, a quick test if needed, and a clear answer about whether the finding is old or new.
Missing a real, NEW problem (under-reacting)	Brushing off a new abnormal EKG - especially with chest pain - risks missing a heart attack or a dangerous rhythm. So new changes and warning signs always get prompt attention, never a wait-and-see.
Over-reacting to a harmless finding (over-testing)	Chasing a nonspecific change or a stable old pattern with test after test brings cost, scan radiation, and needless worry. A prior EKG and your symptoms keep testing sensible.
A missed on-and-off rhythm	Because an EKG is a 10-second snapshot, a rhythm like AFib can hide between recordings. Left unfound, AFib raises stroke risk. A wearable monitor is how we catch it when we suspect it.
An untreated long QT	A long QT left unaddressed can raise the risk of a dangerous rhythm and fainting. Certain medicines or low minerals make it worse. A medicine review, a mineral check, and follow-up lower that risk.
Uncontrolled high blood pressure behind LVH	Thick muscle (LVH) on the EKG is often a sign of long-standing high blood pressure. Left uncontrolled, it can lead to heart failure and rhythm problems over time. Controlling blood pressure is the core treatment.
The strain of repeated radiation or contrast tests	Some downstream tests use radiation or contrast. We pick the fewest, best tests - often starting with a radiation-free echo or monitor - to answer the question without piling on scans.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Points to Know

If you remember nothing else, remember these key points.

- An abnormal EKG is a clue to sort out, not a verdict - and it is not the same as a heart attack.
- Comparing your tracing to an EARLIER EKG of yours is often the single most useful step. Old and stable is reassuring; new is what gets attention.
- Many abnormal findings are minor or old: a healed-heart-attack Q wave, nonspecific ST-T changes, or a long-standing right bundle branch block.
- Some findings earn a closer look: atrial fibrillation, a long QT, thick muscle (LVH), or any NEW change.
- The computer reading over-calls 'abnormal.' A doctor's reading, with your symptoms and a prior EKG, is what decides the meaning.
- What comes next is usually calm: compare or repeat the tracing, an echo, a monitor, a stress test - or sometimes nothing at all.
- One rule is firm: a NEW abnormal EKG together with chest pain is treated as a possible heart attack. Call 911.
- Bring your old records and your medicine list to your follow-up, and ask whether your finding is old or new.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain or pressure that is new, severe, lasts more than a few minutes, or comes at rest. Call 911. A new abnormal EKG with chest pain is treated as a heart attack.
- Pain spreading to the arm, jaw, neck, or back with sweating or nausea - treat it as a possible heart attack and call 911.
- Fainting, or near-fainting, especially if your EKG showed a long QT or a rhythm problem - call 911 if you pass out, or call us the same day for a near-faint.
- A fast, pounding, or irregular heartbeat that will not settle, or comes with breathlessness or dizziness - call us the same day, or 911 if it is severe.
- New or worsening shortness of breath, swelling in the legs, or trouble lying flat - call our office promptly.
- Before starting any new medicine if your EKG showed a long QT - check with us first, since some common drugs can stretch the QT further.
- Questions about your report - a word, a number, or a finding that worries you. A short call beats a worried week, and we can often tell you quickly whether it is old or new.
- Sudden weakness, a drooping face, or trouble speaking - call 911. (This is a stroke warning and comes first.)

Office: (727) 943-5200



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

An Abnormal EKG Is One Piece - Where to Read Next

- If your EKG showed a wiring delay, especially a left bundle branch block: see the [Left Bundle Branch Block guide](#).
- If your EKG showed an irregular rhythm: see the [Atrial Fibrillation guide](#).
- If a stress test was the next step and it came back abnormal: see the [Abnormal Stress Test guide](#).
- If an echocardiogram was ordered to check the heart's structure: see the [Echocardiogram guide](#).
- If your EKG showed a long QT: see the [Long QT guide](#).



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association - Electrocardiogram \(ECG or EKG\)](#) - Plain-language AHA overview of what an EKG records and what common findings can mean.
- [Cleveland Clinic - Electrocardiogram \(EKG\)](#) - Patient-friendly overview of EKG results, common abnormal patterns, and which need follow-up.
- [Mayo Clinic - Electrocardiogram \(ECG or EKG\)](#) - Symptom-focused overview of why an EKG is done and the range of results it can show.
- [MedlinePlus - Electrocardiogram](#) - US National Library of Medicine consumer page on what an EKG is, why it is done, and what results mean.
- [American Heart Association - Long QT Syndrome \(LQTS\)](#) - AHA patient page on what a long QT is, its causes, and why it can matter.
- [Cleveland Clinic - Bundle Branch Block](#) - Explains the heart's wiring delay, and why a left bundle branch block needs more attention than a right one.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [American Heart Association — Electrocardiogram \(ECG or EKG\)](#) *[Patient Education]*
Plain-language explanation of what an EKG records and what common findings mean, framing how to read an abnormal result.
- [Cleveland Clinic — Electrocardiogram \(EKG\)](#) *[Patient Education]*
Covers common abnormal EKG patterns (arrhythmia, ischemia, hypertrophy, conduction delay) and which need follow-up vs reassurance.
- [MedlinePlus — Electrocardiogram](#) *[Patient Education]*
NIH/NLM test overview used for safe definitions, why an EKG is ordered, and how to interpret a result reported as abnormal.
- [Mayo Clinic — Electrocardiogram \(ECG or EKG\)](#) *[Patient Education]*
Patient-voice overview of why an EKG is done and the range of results (heart attack signs, rhythm problems, structural clues) used for plain-language framing.
- [MedlinePlus — Heart attack \(myocardial infarction\)](#) *[Patient Education]*
Consumer-health basis for explaining that Q waves on an EKG can be the fingerprint of an old, healed heart attack.
- [Cleveland Clinic — Left Ventricular Hypertrophy \(LVH\)](#) *[Patient Education]*
Supports the plain-language explanation of thick heart muscle on an EKG and its common link to long-standing high blood pressure.
- [Cleveland Clinic — Bundle Branch Block](#) *[Patient Education]*
Basis for describing bundle branch block as a wiring delay, and why a left bundle branch block (LBBB) usually needs more attention than a right one.
- [Mayo Clinic — Long QT syndrome](#) *[Patient Education]*
Patient-facing source for explaining a long QT on an EKG, its causes (genes, medicines, low potassium or magnesium), and why it matters.
- [Cleveland Clinic — Atrial Fibrillation \(AFib\)](#) *[Patient Education]*
Supports explaining atrial fibrillation as a common rhythm finding an EKG can catch and what follow-up it prompts.
- ["Nonspecific" ST and T-Wave Changes \(Circulation\)](#) *[Reference]*
Authoritative basis for the central teaching point that nonspecific ST-T changes draw their meaning from the clinical context — often benign, sometimes not — and that comparison to a prior tracing matters.
- [2009 AHA/ACCF/HRS Recommendations for Standardization and Interpretation of the ECG](#) *[Guideline]*
Authoritative standard for ECG interpretation terminology underpinning what specific abnormal findings signify.
- [American Heart Association — Long QT Syndrome \(LQTS\)](#) *[Patient Education]*
AHA patient page used to keep the long-QT framing plain and to note the inherited form is uncommon (roughly 1 in 2,000 to 2,500 people).



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

Version: 2026-08-15

Reviewer note: Reviewed against the AHA EKG page, Cleveland Clinic's electrocardiogram overview, and Mayo Clinic's EKG page. Ours adds: a normal-vs-abnormal tracing montage, a finding-to-meaning map, a sorting flow that separates 'often minor/old/false' from 'worth a closer look' with a NEW-change-plus-chest-pain 911 banner, a finding-to-meaning-to-next-step table, grade cards by finding type, an RBA table on comparing vs re-testing vs watching, an honest false-alarm and 'nonspecific changes' section, and cross-links into the LBBB, AFib, abnormal stress test, echocardiogram, and long QT guides.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info

Take This Guide With You



Scan or visit: <https://go.riasalimd.com/abnormal-ekg-guide>

Online: <https://go.riasalimd.com/abnormal-ekg-guide>

Office: (727) 943-5200

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/abnormal-ekg-guide>



Save
Contact Info