Figures

Fig 1A: CMR suggestive of CS.

1B: Myocardial uptake (SUV max=11) along with avid uptake in right supraclavicular, level V cervical and para-tracheal lymph node (LN). Biopsy was performed from supraclavicular LN.
**Fig 2:** Flow chart showing inclusion of cases and controls.

- **Total MMVT - 185**
- **Exclude abnormal echocardiography (except 3 reverted TCMP) - 70**
- **Total IVT - 115**
- **PET/CMR not available = 42**
- **Exclude likely CAD/LVH/BBB/CVA/dyselectrolyremia/Pacing dependent - 23**
- **Final analysis 50**
Fig 3. A: Wide QRSTA seen in a case of CS. The frontal QRSTA was 148 degrees.

B: Another case with wide QRS T angle (97 degrees).
Fig 4. A: TwA in V1 more than V6 in a case from GrA. Also note the wide QRSTA in frontal plane.

B: Another case with TwA V1>V6.
Fig 5A: Upright T wave in V1. Note that the QRSTA was also wide (102).

B: Another case of CS with upright T in V1.
Fig 6A: ECG of a patient from Gr B, the T wave was negative in V1. The QRSTA was also narrow.

B: This was an ECG of a patient from control arm. Although the T wave in V1 was positive here, the TwA in V1 was lesser than V6.