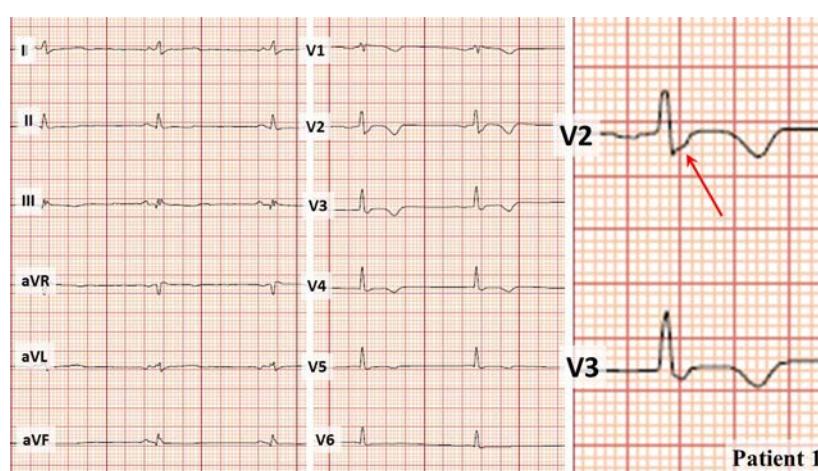


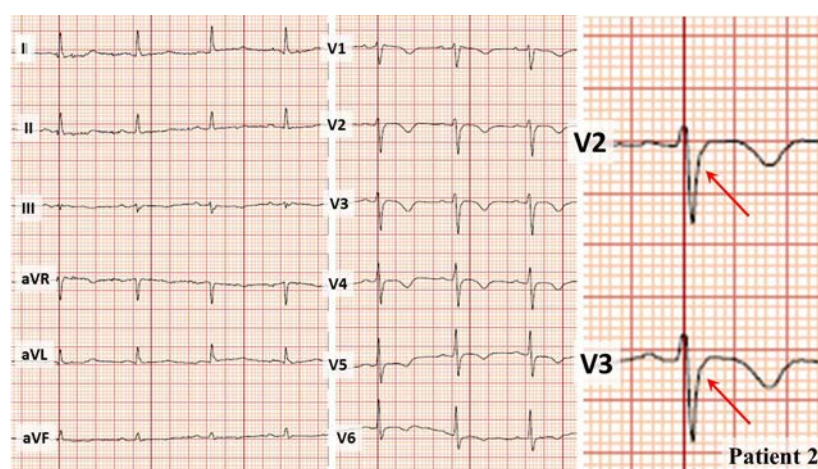
*Tyczyński P, Borowiec K, Woźniak O, et al. The bicuspid aortic valve and arrhythmogenic right ventricle cardiomyopathy. Unreported coexistence. Kardiol Pol. 2023.*

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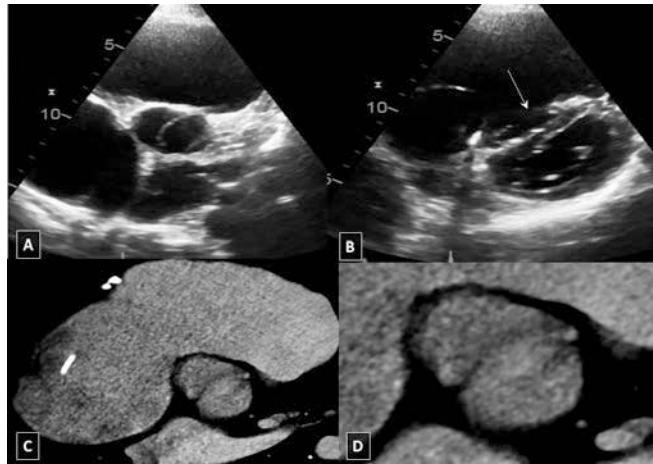
**Figure S1.** Patient 1. ECG. Repolarization abnormalities: T wave inversion in V1–V4 leads in the absence of a complete right bundle branch block (major criterion).

Depolarization abnormalities: terminal activation duration of QRS > 55 msec in V1–V3 leads (minor criterion) — the red arrow



**Figure S2.** Patient 2. ECG. Repolarization abnormalities: T wave inversion in V1–V6 leads in the absence of complete right bundle branch block (major criterion).

Depolarization abnormalities: terminal activation duration of QRS > 55 msec in V1–V3 leads (minor criterion) — the red arrows



**Figure S3.** Patient 1. Transthoracic echocardiography, short axis. **A.** Bicuspid aortic valve. **B.** Enlarged right ventricle with paradoxical interventricular septal motion. Cardiac computed tomography. **C.** Bicuspid aortic valve. **D.** Magnification of the image “C” with focus on the bicuspid aortic valve