

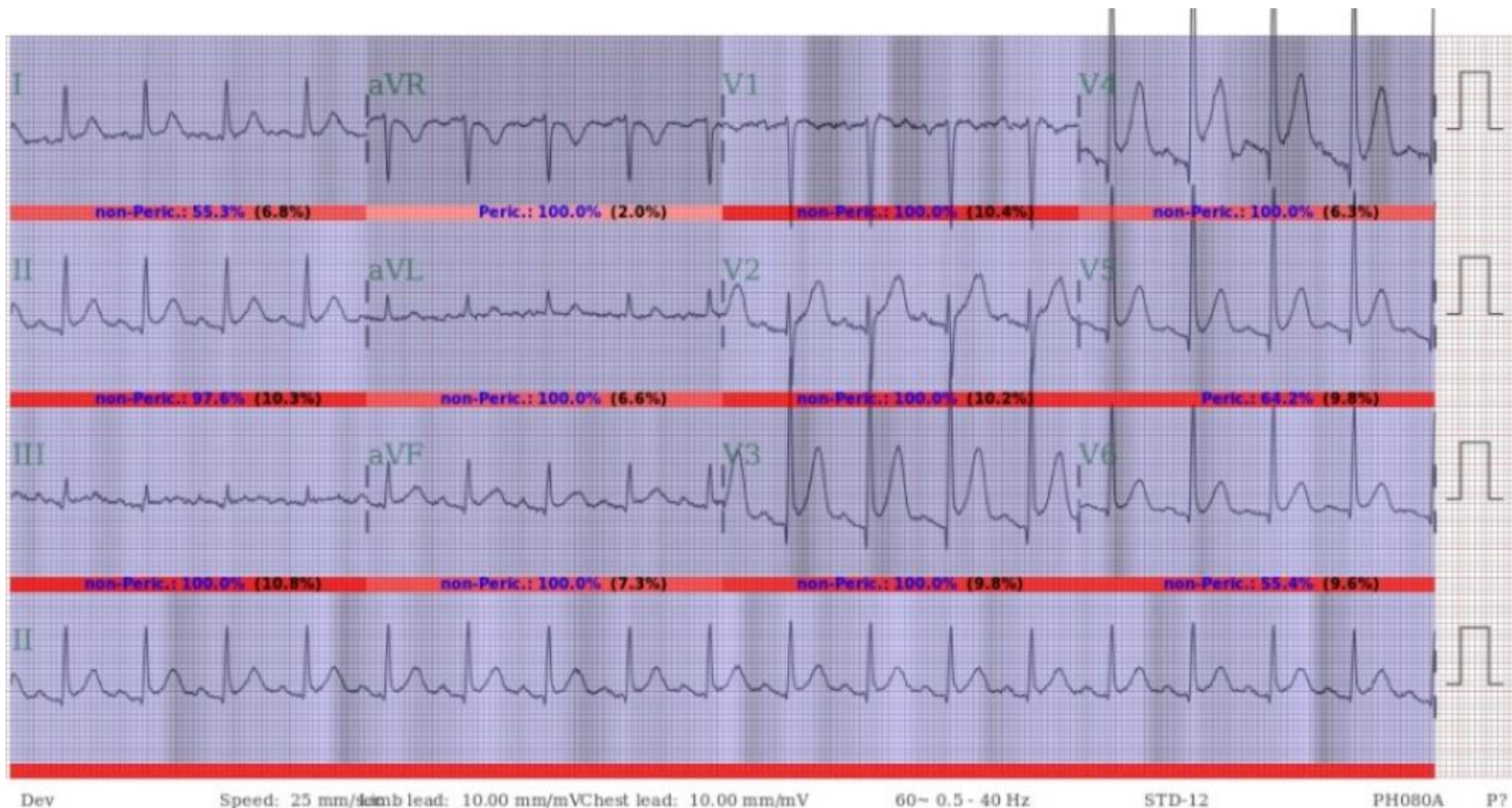


AI prediction:

Peric.: 50.4%
non-Peric.: 49.6%

Rate: 80
PR: 157
QRSd: 109
QT: 361
QTc: 417
Axes_P: 43
Axes_RS: 10
Axes_T: 78

Supplementary Case S1. ECG of an acute pericarditis case identified by the pericarditis-DLM. A 77-year-old man presented with fever, acute chest pain and dyspnea. The ECG revealed sinus rhythm with inverted T waves in precordial leads and Q waves in leads III and aVF. Our pericarditis-DLM correctly recognized it as acute pericarditis, which was misdiagnosed by human experts.



AI prediction:

Peric.: 32.3%
non-Peric.: 67.7%

Rate: 106
PR: 185
QRSd: 75
QT: 352
QTc: 468
Axes_P: 74
Axes_RS: 42
Axes_T: 50

Supplementary Case S2. ECG of an acute pericarditis case but unrecognized by the pericarditis DLM. A 74-year-old man presented with fever, dyspnea, and sustained tachycardia. The ECG revealed sinus rhythm with widespread, concave ST-segment elevation and PR-segment elevation in lead aVR. Our pericarditis-DLM misidentified it as non-pericarditis, and all human experts correctly diagnosed it as acute pericarditis.