

Why a normal ECG, echo and Holter don't rule out blocked arteries

Three normal resting tests are good news — but they answer different questions than the one you are asking about your pipes.

Understanding the diagnosis

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

An ECG, an echocardiogram (echo) and a Holter monitor are three common, painless heart tests — and all three can come back completely normal in a person whose coronary arteries are significantly narrowed.

That sentence sounds alarming, but it should be a relief: it means your tests are not contradicting each other — they are answering different questions. Understanding which test answers which question is the single most useful thing you can take from this page.

What each test actually looks at

Test	What it looks at	What it can miss
ECG (electrocardiogram)	The heart's electrical wiring, at one moment in time.	A narrowing in a pipe that is not yet starving muscle — especially at rest.
Echo (ultrasound)	The heart's structure: chambers, valves, how well it pumps.	The condition of the pipes themselves; a strong pump can sit on narrowed arteries.
Holter (24–48h ECG)	Your rhythm over a day or two — pauses, fast or irregular beats.	Blockages that only cause symptoms during effort, or that are silent.

Why a blockage can hide from all three

Think of the heart as a house. The ECG is the wiring, the echo is the structure and the pump, the Holter is the behaviour of the electrical system over time. Your coronary arteries are the water pipes — and none of these three tests looks inside the pipes. A pipe can be badly narrowed while the wiring, the structure and the rhythm all look perfect, because the heart is still getting just enough blood at rest.

Blockages usually announce themselves when demand rises — during effort, stress or a fast heartbeat. That is why the next step, when symptoms are present, is usually a test that makes the heart work harder (a stress test) or one that photographs the pipes directly (a CT coronary angiogram or an invasive angiogram).

What a clean slate really means

- It rules out some problems — dangerous rhythms, a significantly weakened pump, major valve disease, and often the aftermath of an old heart attack.
- It does not rule out narrowing in the pipes — that is simply not the question these tests were built to answer.
- It is still worth celebrating — three normal tests are genuinely good news for the health of your heart muscle and its wiring.

What to ask your team

- If all my resting tests are normal, why do I still have symptoms — and which test could show the arteries directly?
- Do my symptoms sound like they could be from my arteries, or from something else?
- What would make you recommend a stress test, a CT angiogram, or a catheter angiogram for me?

Take it to your team

Bring your symptom diary — not just the test results. What you feel during effort, what stops you, how long it lasts: that is the information that turns “all normal” into a meaningful conversation.

Call for help if

You get chest discomfort or pressure that comes on with effort and eases with rest, lasts more than a few minutes, or comes with breathlessness, sweating, nausea or feeling faint — even if every test you have had was normal. The tests do not feel your symptoms; you do.

Normal results are not a closed door — they are a redirect. If symptoms continue, say so, and let your team choose the test that fits the question. The decisions belong to you and them.

Questions to take to my team

☐ If all my resting tests are normal, why do I still have symptoms — and which test could show the arteries directly?

☐ Do my symptoms sound like they could be from my arteries, or from something else?

☐ What would make you recommend a stress test, a CT angiogram, or a catheter angiogram for me?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.