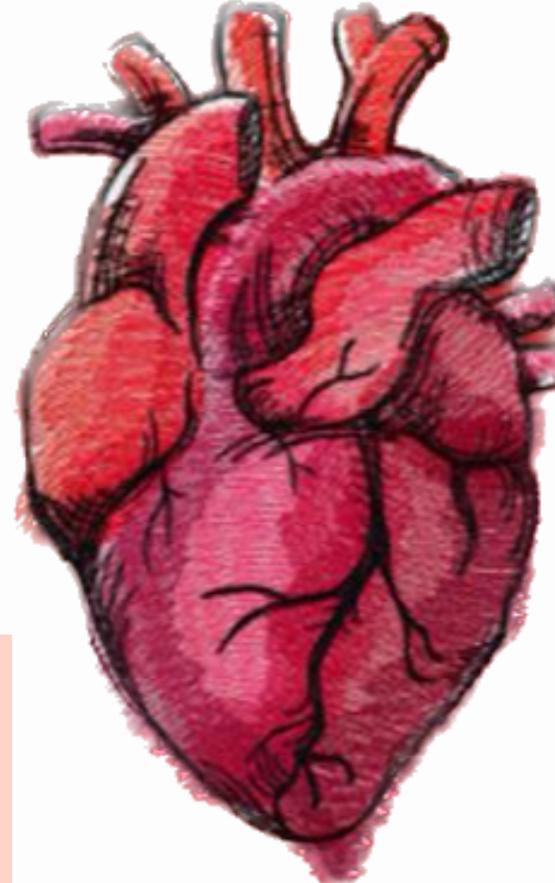


SCAN ME!





LEC NO. : 1





CARDIOVASCULAR SYSTEM

SUBJECT : physiology

DONE BY : Abdullah Bani Mustata

Functional design of the CVS ملاحظات

اللون الابيض هو كلام السلايدات و في تحت ١٦ سؤال من quizlet

Dr. Waleed R. Ezzat

Lecture Objectives:

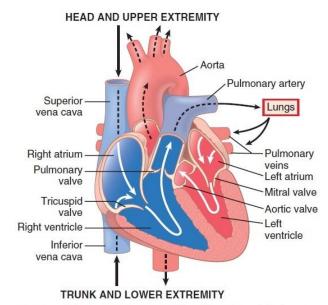
- 1. Describe the basic function of the CVS.
- 2. Explain how structural differences of various parts of CVS subserve their functions.
- 3. Describe the systemic and pulmonary circulations.
- Describe blood velocity & blood flow through various parts of CVS in relation to their cross sectional area.

MAIN FUNCTIONS OF THE CIRCULATORY SYSTEM

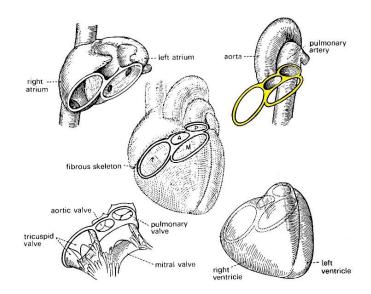
- Transport and distribute essential substances to the tissues
- Remove metabolic byproducts
- Adjustment of oxygen and nutrient supply in different physiologic states - sectors
- Regulation of body temperature (thermoregulation) and maintenance of fluid balance
- Humoral communication

Functional anatomy of the heart

- The heart looks like two cups facing each other mouth to mouth
- Atrial and ventricular myocardial fibers are attached to the fibrous skeleton of the heart
- The fibrous skeleton is made up from the union of **four** fibrous rings to which the four cardiac valves are attached
- There is no muscular communication between the atria and the ventricles
- The heart acts as two pumps arranged in series within a closed circuit



Structure of the heart and course of blood flow through the heart chambers and heart valves.



functions of CVS

1) transport & distribute essential substances after the substances being absorbed by the GIT the circulation is responsible for providing the absorbed subctances to the fissues (2) Remove metabolic materia) cus circulate blood around the tissue taking the waste products of metabolic reactions to the encreting organs which are 1) tridney which excrete the water so luble substances 2) liver excrete lipid soluble substances by Conjugating the substances and make them water soluble which then new creted from the liver by bile zy back to circulation to the hidney then get excreted Lungs for gasel removal a sweat excrete some waste products (not main excreating organs) 3 adjusment of oxygen k neutrient supply in different physiological states tensport of from the lungs to fissues as needed & transport coz from tissues to the lung to be excre, to.

(1) Regulation of body temperature ethermoregalation) and maintain Fluich balance

woodilation of blood vessels in the strin which is going to radiate heat out of the budy Radiation of the skin which mean infrared rays are being radiated from the body ingreater quantity than is radiated to the bady vise veria when temperature & 21 by sweating * tempreture is produced by the chemical reactions - some origens in our body carry more reactions than other, eg. Liver > bone but despite that their temperature are the same mu? blood circulate to the river * transport the excess heat to maintain a constant temperature in all organs

D humoral communication chemical product being corrected in the budy to signal something eg. hormones each as insulin may insulin will be secreated into the blood then blood will defliver it to the targeted tissues to increase glucose uptake & use

Sunctional anatomy of the heart

* the heart looks like two cups tricing each other.



* il doesn't transfer action potential s. there is no muscular communication netween the atria k the ventricles

the fibrous shelleton is made up from 4 tibrous rings to which the 4 curdiac values are attached the heart act as two pumps arranged in series within a closed circuit

RU pump the blood to the pullmonary artery then from the lung to the LA through pulmonary vein the to the LU which pump the heart to the systemic circulation then IUC K SUC bring the blood to the RA then to the RV and thics cycle repeat itself

so we can conclude that whatever amount of blood is being pumped by the RV = to the amount of blood pumped by the LV & the circulation is unidirectional mean the blood in the blood vessely can only go to the right or belit Not both

The Myocardium

- Myocardial fibers are arranged in a latticework, with the fibers dividing, recombining, and then spreading again.
- Cardiac muscle is *red and striated* as in skeletal muscle, however, cardiac muscle behaves like smooth muscle,

i.e. it is *nerve regulated* and not nerve operated.

 Cardiac muscle is a syncytium. Individual myocardial cells are connected in series and in parallel with one another by the *intercalated discs*. These discs have gap junctions that allow rapid diffusion of ions and action potential.



Syncytial, interconnecting nature of cardiac muscle fibers.

- The heart actually is composed of two syncytiums: the *atrial syncytium*, and the *ventricular syncytium*.
- This division of the muscle of the heart into two functional syncytiums allows the atria to contract a short time ahead of ventricular contraction, which is important for effectiveness of heart pumping.

Differences Between Myocardium and Skeletal Muscle

- The myocardium is red and striated, but it is nerve regulated (No motor units)
- Contraction can be graded
- Initial length is not fixed
- Requires extracellular Ca²⁺ for its contraction
- Cannot be tetanized Acts as repeated simple muscle twitches
- Less powerful but cannot be fatigued practically
- Has high resting tension (tone) which is not nerve dependent (visco-elastic property)
- Highly stretchable (4-6X that of skeletal muscle)
- The mode of contraction is isotonic and auxotonic

The myo cardium

what is the difference between the shelletal muscles & the heart muscle?

Myocardia) muscles are arranged in latticework, with the fibrs dividing, recombining a then spread again. so the fibres are connected togather which allow the the action potential at one point of the liber to be transmitted to an fibers stimulation of one spot will make the entire myb cardium to contract while shelleten muscles are arranged in fibres that are parallel to each other like the wires in a caple so (No connection between the steeleted libers) so when fiber is being stimulated only one fibre will contract not the entire caple

- Myocardial contract as a unit

the Myocardial muscles are neve regulated not nerve operated what that does mean? smooth muscles and myocardium contract without nerve carried impulses, so it is nerve regulated which means the nerve connected to the myocardium only increase or decreme the contraction rate or strength

in sheletal muscles motor nove is connected to the muscles motor nove is connected motor end plate the Ach is screated them stimulate the muscle ribre, the skellutal muscle is only contracted by impulse through the nerve so the skeletal muscles are "nerve operated" Cardiac muscle is a syncytium similar to the stretchi muscle, syncyfium is like arrange cells in tube like structure, then remove the walk between them making it like a tube filled with agtophsm and the nucleus are scatered in this tube this is what syncytium mean which is found in both skeletal & cardiac muscles

individual myocard ial cells are connected in series k parallel with one mother by the internal discs they are fused 2 walls of 2 cardiac cells but they are filled with holes. (Like filter) these holes called gap junctions so the cells are connected so that is why they are culled syncytium

these discs have gap junctions that allow rapid diffusion ivers & action potential so in stimulation the wat can pass through the junctions to the adjeceant cells and transfer the action potential the heart is composed of 2 syncytium 2) atrial syncytium c) watricle syncytium why 2? to prove the contraction of the atrium & the ventrical at the same time, the atrium must pump first to move the blood from atrium to ventrical then the ventricle antrat & pump the blood then the ventricle antrat & pump the blood the division of the muscle of the heart into two functional syncytiums allow the atria to contract a short time a head of ventrical contract, which is important for effectiveness of heart pumping intercalated discs transfer action potential X Fibrow skelleton isolate the atrium from the ventrical so the synaptium of atrium contract First they the contraction of ventrical synaptium which improve the pumping mechanism

the myocardium is red & striated, but it's nerve regulated < no motor unit > motor unit: single motor neuron ball muscle fibers it innervotes in cardiac muscle all the muscle contract as anit while

in white muscle on tract depend on how many motor unit they have

Contraction can be graded

in shelekal muscle the contraction is all or non on the made contract to the max or doesn't contrat, and how it increase the shend or its contraction? By stimulating more motor units

in myoardial muscles an be graded (the strength of the contraction not the action potential officer won)

initial Length is not Fixed

in shelled multicle the length between the origin and insertion is fixed (doesn't change it we carried 1, to a or 20 kg >, but the heart can change its length depend on the amount of the blood in it betore it contract

Requires extracellutar cat? For its contractio insteletal muscles doesn't need optracellular cat? For its contraction because it has a carge storage of cat? in atoplesmic reticulm which is secreated when Ap orrive to the muscle allowing cut? to get out and making the contraction to its maximum but in myocardial muscles cast contract without cat? this is alled actium induced. cutium released

it and be totonized continuous contraction> acts as repeated simple muscle twitches in skeletal muscle works in fetanization all flee time continuously on track, cheef ge abdominal muscles are continuously contraction but in cardiac muscle if it's continuously is being contracted the heart cant be filled up with blood & we will die so it works in repeated muscle twitch, impake-stop-impulsestop < repeated loop>. Siastole autraction > dial tok relaxation

cess powerful but and be fuliqued pradically

in skeletal multile failingue is when muscle that were in Itally generating a normal amount of Force than experience a declining ability to generate force. For or, carry a orso has then stretch your arm each time your heart pump a zo min you won't be able to do it for long your bireps will failingue while cardiac muscle won't be fatigued (the mechanism will be ceptained later) has high resting tension (tone> which is not nerve. dependent (visco-clostic property> muscle tone: the partial muscle contraction which mean when we are awake part of the skeletal mucles in any moment some (for) motor white must be in contraction state this culled muscle fone, in sleeping it is at it burealt during the day it increase depend on the situation, the tone in sheletal muscle is controlled by the nerves. in cardial muscle the tone is high > not herve dependent

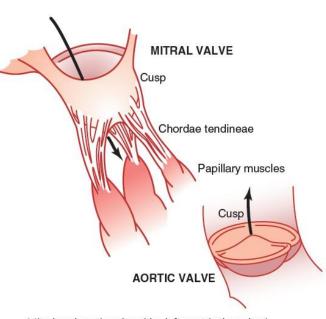
Highly stretchable <4-6x that of shelletal muscles if we put a weight and attached to a shelletal & myocardial muscles the cardiac muscle will stretch u-s times more than the shelletal muscle

The mood of contraction is isotonic & auxotomic isotonic: increase in the bength of the muscle while the tone sty the same _____ cardiac muscle auxotonic: No increase in the tone or the length of the muscle _____ cardiac muscle isometric: increase in tone while cength is rized.

stiletal muscle contract in isometric way which mean it generate force = to the gravity force on the object we are trying to curry but it cun't generate greater force than body weight

Cardiac Valves

- The cardiac valve leaflets consist of thin flaps of flexible, tough, endothelium-covered fibrous tissue that are firmly attached at the base to the fibrous skeleton rings.
- Movement of the valve leaflets is essentially passive, and the orientation of the cardiac valves is responsible for the unidirectional flow of blood through the heart.
- There are two types of valves in the heart: atrioventricular (AV) and semilunar.
- Atrioventricular valves are the tricuspid valve (located between the right atrium and the right ventricle), is made up of three cusps, whereas the mitral valve (lies between the left atrium and the left ventricle), has two cusps.
- AV valves (also called the inlet valves) are funnel in shape. Attached to the free edges of these valves are fine, strong ligaments (chordae tendineae) that arise from the powerful papillary muscles of the respective ventricles.



Mitral and aortic valves (the left ventricular valves).

Cardiac Valves (cont.)

- The chordae tendineae prevent the valves from becoming everted during ventricular systole.
- The semilunar valves (also called the outlet valves) are the pulmonic and aortic valves are located between the right ventricle and the pulmonary artery and between the left ventricle and the aorta, respectively.
- Four sounds are usually generated by the heart, but only two are ordinarily audible through a stethoscope.
- The first heart sound is initiated at the onset of ventricular systole and reflects closure of the AV valves.
- The second heart sound occurs with the abrupt closure of the semilunar valves.
- Valvular lesions (such as stenosis or incompetence) are usually associated with heart murmurs.

The cardiac value

the heart consist of 4 values, its main function is to allow the blood to move in one direction and prevent the movement of the blood in the other

Way. o with that torming the value they are leaflets consist of thin Flaps of Flexible , tough , endothelium -covered fibris tissue that are tirmly attached at the base of the fibrous sheleton rings.

There are two types of value which are wartoventricle value a value between the atrium & ventricle, and in the name the atrium is at first because we name it according to the blood movment, there is 2 Av one wated between the right atrium & right ventricle which is made up of 3 cups so it's called "tricuspid value, the second one is matrial value which is located between the left atrium & the lef venbricke and it has two cusps

semilunar : semi: like know i moon so it is like the moon, it's tournad between the the ventricles & the arteries that are attached to the ventricles, 1) pulmonary vulue between the RV & the yulmonary artery 23 artic value between the CV & the artic artery AU values for culled in let values) are Kunnel, in shape their free edges are attached to fine, strong ligaments (chordae tendinea) that arise from the powerful papillary muscle of the respective ventricles.



P muscles or ise Flore the prysourchium of the ventricle they are called Rapillary muscle their function is to prevent the least of the volves to go up words it doesn't have anything related to the opening k closing of the value

Nobe that a rtic value doesn't have them

the chordae tendinae prevent the values becomes everted during venticular systole.

the semilunar values (also called the outlet values) are the pulmonic b cortic values are located between the right ventricle & pulmonary artery & left ventricle & the acrta

they are made up of 3 like moon reads which go apart when the ventricle pump allowing the blood to move to the arteries, when the ventricle is relaxed the blood try to go back to the ventricule because the arteny pressure is higher



the blood pressure on the concaved area leading to close of the volve preventing the blood from coming back to the vontricte respictively Four sounds are usually generated by the heart, but only two are oridinarly audible through a stethoscope

the first heart sound is initiated at onset of ventrialar systelle & reflects closure of the AU values

the second heart sound occurs with the abrupt closure of the similar values.

y the other two sounds one heared by special Levices

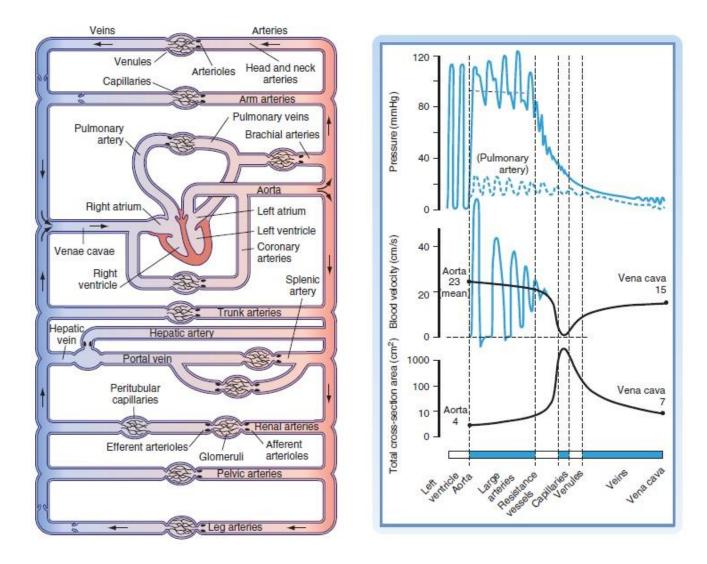
any abnorvnal sounds that an be heared by the stethescope other than the 1st & 2nd sounds called murmurs

Vulluular besion (such as stenosis or incompetence) are unually associated with heart nummurs

incompetence: "Leaking values" which mean they don't close fully allowing blood to move in the opposite direction

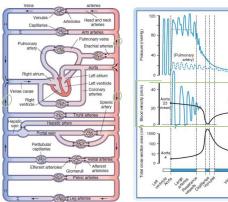
steriosis "narrowing of the values" so the volves won? be able to open fully

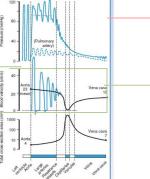
otrial septal defect _ it the defect between atrium Ventricular septal defect _ between the ventricles _ the defect will cause the plood to move from the LU to RV because the pressure in the CU higher than RU making a murnum



Right Fig. Schematic Diagram of the Parallel and Series Arrangement of the Vessels That Constitute the Circulatory System.

Left Fig. Phasic Pressure, Velocity of Flow, and Cross-Sectional Area of the Systemic Circulation. The important features are the major pressure drop across the small arteries and arterioles, the inverse relationship between blood flow velocity and cross-sectional area, and the maximal cross-sectional area and minimal flow rate in the capillaries.





- blood pressure decreable going away from the ventricle

t will be explained later but now that apillaries have larger cross sectional anea them orteries & veins

* all the blood move in uni-directional way * arterioles _ mizzed blood _ venioles * velocity is inversely $\frac{1}{\infty}$ proportional with the assiss saction

Test Question:

Which one of the following statements concerning the mitral valve is correct?

- It requires contraction of the papillary muscle in order to initiate closing No their Function is to prevent the value frome being everted during contraction
- B.) A murmur is produced when it fails to close properly the
- C. It closes at the end of ventricular contraction
- D. Its closure normally generates the second heart sound No it generate the firs sound it's an AV value
 - It prevents backflow of blood into the ventricle during ventricular relaxation (diastole) No the oppisate is allow the blood to go from the LA to the CV when it relax (relaxed ventricle opened value vice virsa)

QUESTION Verified	The cordlike tendons that anchor the mitral and tricuspid heart valves to the floor of the ventricles are
Which is true of heart valves?	a. semilunar
(A) Heart valves are made of dense connective tissue.	
B) Heart valves are made of epithelial tissues.	b. intraventricular
C) Heart valves allow the backflow of blood.	c. mesenteric
D) A myocardial infarction occurs in heart valves	d. chordae tendinae
	e. fibrotic
Question & Verified	Question 😻 Verified
What causes the lub-dub heart sounds?	Why do the heart valves open and close?
a. Ventricles contracting during a heartbeat	a They are attached to the heart muscle.
b. Opening of the heart valves	B There is a pressure difference on the two sides of the valve.
c. Conduction pathway that is seen in an ECG	c Na+ and K+ fluxes occur during ventricular depolarization.
GClosing of the heart valves	d There is turbulent flow in the atria and ventricles.
	Question 😻 Verified
Question & Verified	What is the major function of the heart valves?
Normal heart sounds are caused by which of the following events?	
A) excitation of the SA node	A. Separate the right side of the heart from the left
B closure of the heart valves	Beermit the flow of blood in one direction
C) friction of blood against the chamber walls	
D) opening and closing of the heart valves	C. Separate the upper chambers from the lower chambers
	D. Augment the flow of blood through the heart
Question Verified What does the cardiac cycle reveal about the opening and closing of the heart valves?	4. What connects cardiac muscle cells and allows for electrical communication between them?
A. There are no times when all four heart valves are closed.	• (A) Gap junctions
B. The AV valves open, then the semilunars open, then the AV valves close, followed by closure of the semilunars.	(B) Intercalated disks © Desmosomes
C. There are times when all four heart valves are open.	OD Tight junctions
\mathcal{B} The AV valves close first, then the semilunars open and close, then the AV valves open.	
Question @ Verified	2. Due to its features, the myocardium functions as a syncytium with synchronized contraction. What is the main function of the myocardium?
Choose the correct answer. The simple squamous epithelium covering the heart valves is the:	• (A)To facilitate the contraction and relaxation of the heart walls
(a) epicardium	• (B) To provide a scaffold for heart chambers
(c) myocardium	• © To conduct electrical stimuli
(d) endothelium	 (D) To regulate blood flow 7. What is the role of intercalated discs in cardiac muscle tissue?
	(A) To provide mechanical support (B) o allow for electrical communication between adjacent cells
Question • Verified	G / Callow for restriction of information between adjacent cens o (0) To regulate blood flow
Opening and closing of the heart valves is caused by:	8. Which type of contraction occurs when the myocardium contracts forcefully against a closed valve, resulting in increased intraventricular pressure?
a. gravity b. breathing	O (A) Isotonic contraction O (B) Isometric contraction
c. oreatming	© Eccentric contraction (D) Concentric contraction
d. valves contracting and relaxing	
	Which is not one of the main functions of the cardiovascular system?
Question Verified Which factor causes the opening and closing of the heart valves? Image: Constraint of the heart valves in theart valves in theart valves in the heart valves in the heart valve	b. Removing wastes from cells
a. Atrial Pressure,	c. Taking oxygen into the body
b Ventricular Pressure,	d. Delivering materials to cells
c. Aorta and Pulmonary Trunk Pressure,	Question Ø Verified
d. AV valves,	The pancreas functions as part of the endocrine system and as part of the system.
e. SL valves	A. cardiovascular
Question Wanted All of the following are functions of the cardiovascular system except	B. immune
a) deliver oxygen to the body.	
b) transportation of hormones.	C. digestive
d) body temperature regulation	D. respiratory
e assist the immune system.	E. reproductive