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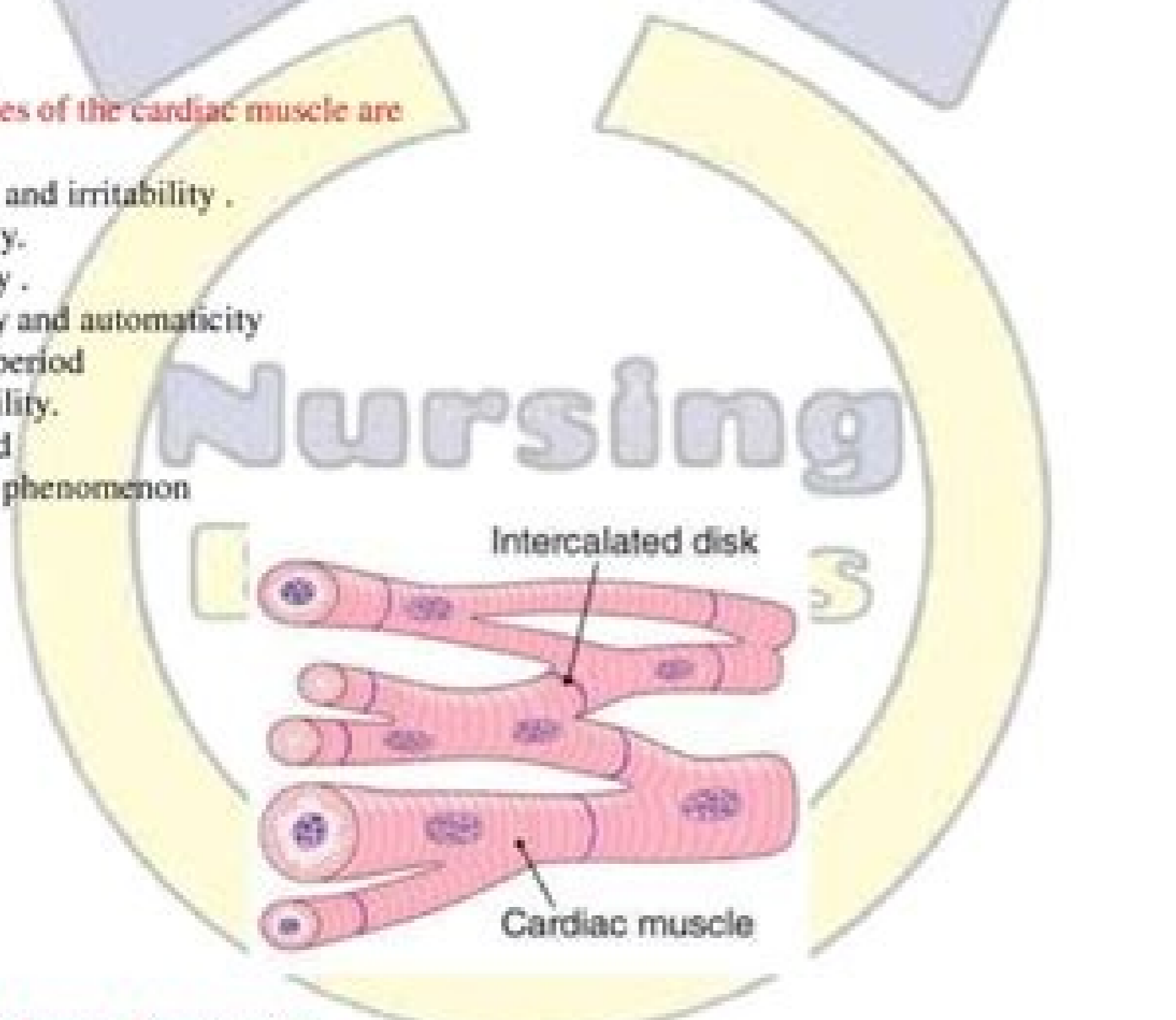
3. A.V node receives impulses from SA node and conducts it to the ventricle through the bundle of His., it starts from AV node and ramifies in the interventricular septum.
4. The bundles of His gives Right & left branches, and passes to the right ventricle and to the left ventricles. They merge into purkinjee fibres.

Functions of conducting system:

1. Prevent overlapping of the atrial events with ventricular events(systolic)
2. Participates in syncytial nature of myocardium.
3. Initiates impulses rhythmically and automatically.
4. Conducts the impulse at a rapid rate.

The properties of the cardiac muscle are

1. Excitability and irritability .
2. Conductivity.
3. Contractility .
4. Rhythmicity and automaticity
5. Refractory period
6. Indefatigability.
7. Tonicity and
8. All or none phenomenon



Nutrition of the cardiac muscle:

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THROMBOSIS:
The process of formation of blood clot inside the blood vessel which may block the blood circulation is known as thrombosis. The clot which is formed inside the blood vessel is known as "thrombus". Thrombosis may be caused because of slow blood flow or infection to inner side of the blood vessels.

Embolism:
The process of formation of embolus in the blood stream which blocks the blood circulation is known as embolism. The embolus may be bubble of air or in some cases blood clot or debris particle.

Phagocytosis:
The process in which the cell engulfs or ingests the microbes, foreign particles and digests or destroys them within the cell is called phagocytosis. e.g., neutrophils and monocytes actively show phagocytic action.

Haemolysis:
Haemolysis means breakdown of RBCs. The haemoglobin comes into the plasma after breakdown of RBCs. This phenomenon is known as laking of blood.

Fibrinolysis:
The process of breakdown of fibrin threads within the clot by the action of proteolytic enzymes is known as fibrinolysis.

Blood disorders:

I. ANAEMIA:
Anemia means decrease in number of RBCs in the blood, or decrease in percentage of haemoglobin in the blood.

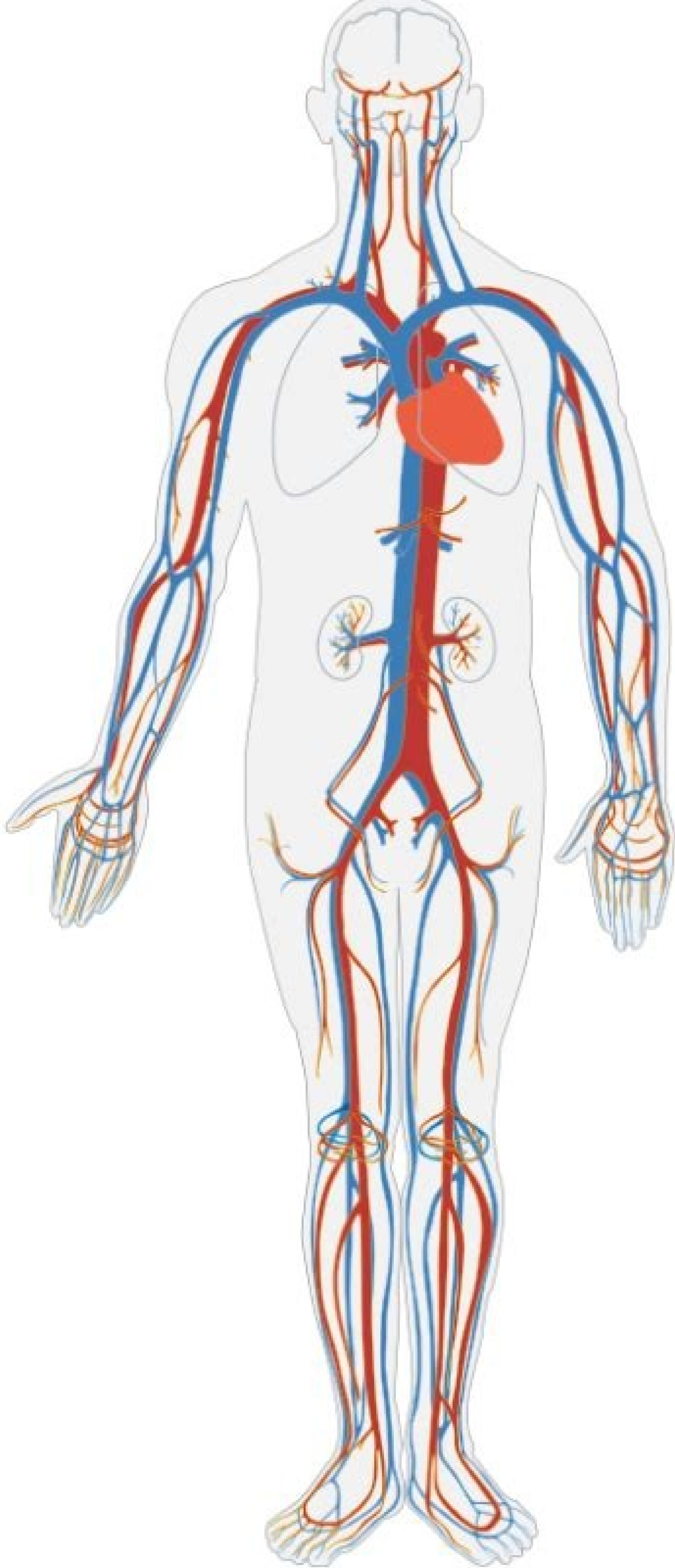
Causes:

- Excessive loss of blood.
- Failure of function of red bone marrow to produce RBCs.
- Destruction of RBCs by haemolysis.
- Deficiency of iron in the body.
- Defective formation of RBCs.

TYPES OF ANAEMIA:

- Pernicious anaemia
- Megaloblastic anaemia
- Microcytic anaemia
- Sickle cell anaemia
- Iron deficiency anaemia.

- Polycythemia: "It means an abnormal increase in RBCs in the blood". In this condition the skin and mucous membranes of the mouth are red and conjunctiva is also red.
- Leukemia: "Leukemia means uncontrolled increase in production of WBCs in the blood". It is also called as cancer of blood.
- Leucopenia:



transported by plasma and erythrocytes.Download figure: Standard image High-resolution image 1.6.3. Portal systemThere is a portal system between the hepatic structures. The portal vein originates from anastomosis of the splenic vein and the superior and inferior mesenteric veins. In this way, the blood goes from the spleen and intestine to the liver. Other veins are also anastomosed to this system: the right and left gastric, gastro-epiploic, cystic and pancreaticoduodenal veins.This venous portal system receives blood from the esophagus, the stomach, the spleen, the pancreas, the gall-bladder and the intestinal tract. The portal vein is a thick trunk divided into two branches that enters the liver and originates from the veins of the liver lobule. The blood supply to the liver lobule contains nutrients that are obtained from intestinal absorption and splenic activity. The latter is very important in the iron recycling process carried out by the splenic macrophages out of old erythrocytes. The portal vein blood received by the hepatic lobule goes to the central vein and finally joins the inferior vein cava. Summarizing, the blood that perfuses the digestive tract is the same as that which arrives at the liver, that is to say, there is a capillary barrier in the intestines and another one in the hepatic lobule (Feher 2012, Despopoulos and Silbemağl 2003).The physiological role of this portal system is to provide a direct pathway for nutrients that are metabolized in the hepatic parenchyma. The relevance of this portal system is to avoid a large amount of blood from entering directly into the inferior vein cava bypassing the hepatic stage. In this case, blood supplied to the hepatic tissue has a very different function to that provided by systemic arteries to body tissues.Another venous portal system is involved in the secretion of the hypothalamic-pituitary hormone. There are hormones secreted in the hypothalamus that regulate the anterior pituitary gland function after traveling through a portal venous system. The superior hypophyseal artery perfuses the median eminence and this blood enters the capillaries, which after merging into each other form a venous network that carries releasing hormones. These portal veins split into capillaries that perfuse the anterior pituitary gland, stimulating or inhibiting the production of several hormones. Later, these hormones are released into the systemic circulation and travel to specific organs in order control physiological functions.1.6.4. Arterial portal systemThe basic function of kidneys is to produce urine. This complex liquid is produced in the nephron, which is the basic structural and functional unit of the kidney. A nephron has basically two components: tubular and vascular structures. Histologically, the nephron begins in the glomerulus that is a tuft of capillaries that originate from afferent arterioles. These capillaries drain blood onto the efferent arteriole; see figure 1.14.Figure 1.14. BC: Bowman's capsule, PCT: proximal convoluted tubule, LH: loop of Henle, DCT: distal convoluted tubule, CD: collecting duct. Note that the peritubular capillaries originate from the efferent arterioles that drain in a vein.Download figure: Standard image High-resolution image Each glomerulus is embraced by a Bowman's capsule, which is followed by the proximal convoluted tubule. The Bowman's capsule receives a filtrated modified plasma from the glomerulus. The proximal convoluted tubule is continued by the loop of Henle. The loop of Henle is followed by the distal convoluted tubule, which ends in the collecting duct. At the end of the collecting duct, the fluid contained in the tubular lumen is urine.With respect to blood vessels, the glomerulus receives blood from the afferent arteries and the constitutive capillaries; in other capillary beds they are followed by a venule, but in this case they are continued by the afferent arteriole. Efferent arterioles perfuse the renal parenchyma including the tubules and loop of Henle through the vasa recta. Blood contained in the capillaries that constitute the peritubular network is drained by venules (Schrier 2008).The arterial portal system described above has a set of capillaries (glomerulus) that filtrates plasma into the Bowman's capsule. This capillary network is continued by the efferent artery that originates from the peritubular capillaries. As can be seen, there are two capillary networks before the drainage of venules.1.6.5. Arteriovenous anastomosesThe capillary network starts in the arterioles, which drain their contained blood into the venules. However, there are certain territories in which arteriovenous shunts avoid the capillary network. These anatomical findings have physiological connotations and are usually linked to adaptive mechanisms. An example of a shunt is the skin, in which arterioles are anastomosed to venules, particularly in fingers. In this case, this dynamic shunt participates in the control of body temperature (Despopoulos and Silbemağl 2003).According to several authors, another example of arteriovenous fistula is uteroplacental circulation.In the lungs, there is a functional shunt in which blood provided by bronchial arteries to pulmonary parenchyma are drained in the pulmonary veins.1.6.6. Splenic circulationCapillaries that allow blood cells to go through the vessel wall are only found in splenic circulation and in bone marrow. As red blood cells are formed in the latter, they need a direct path to enter intraluminal space. Downstream, the old red cells are trapped by splenic structures.After an approximate period of 120 days, the old erythrocyte is destroyed in the spleen. As an adult human being has a blood volume of 5 l and each mm3 contains 5 000 000 erythrocytes, the production and elimination of blood red cells is a very dynamic process. This involves the erythrocytes passing through capillaries to enter the splenic tissue, where iron is recycled (Despopoulos and Silbemağl 2003).An interesting physiologic phenomenon occurs during active physical exercise: hematocrit increases due to a splenic contraction that releases red blood cells into the circulatory system.1.6.7. Myocardial circulationAs previously described, coronary arteries perfuse the myocardium and heart structures. This is the nearest and shortest circuit of the human circulatory anatomy; consequently, it is the blood of the human body recirculating (Despopoulos and Silbemağl 2003).Usually, an artery is a vessel that enters an organ and branches into smaller vessels. This is impossible to attain in the myocardium of the left ventricle since it reaches 120 mmHg during the systolic period and the muscular contraction occludes the arterial lumen. Indeed, the coronary intraluminal pressure can never be higher than the ventricular pressure. Consequently, the large coronary vessels should be surrounding the left ventricular wall rather than being inserted in the muscle.Intramuscular coronary arteries are a pathologic entity that sometimes determine ischemic episodes or myocardial infarction. There are cases in which coronary arteries have muscular 'bridges' and are partially intramuscular arteries. In this case, muscular contraction produces dynamic coronary stenosis that disappears during diastole.In a normal heart, some intramuscular small arteries are called 'perforators'. This is the case of septal branches of the left anterior descending artery. The coronary flow is strongly influenced by anatomical factors due to left ventricular mechanical dynamics. This is not the case of the atria and the right ventricle, in which intramural pressures are lower than the coronary arterial pressure.During myocardial contraction, the external compression of small coronary branches is maximal in endocardium, and decreases towards the epicardium. Since large coronary arteries are not surrounded by myocardial tissue, no lumen decreases are observed on them during heart contraction.

15/7/2022 · Sleep duration is now considered an important measure of heart health and has been added to an American scoring system which measures the components for optimal cardiovascular health. The American Heart Association has recently published 'Life's Essential 8™' - newly updated metrics which have been developed to identify the factors which impact ... Knowing the functions of the cardiovascular system and the parts of the body that are part of it is critical in understanding the physiology of the human body. With its complex pathways of veins, ... Removing #book# from your Reading List will also remove ... (Blue Book- October 2008) 4.00 Cardiovascular System - Adult . Section. 4.01 Category of Impairments, Cardiovascular System 4.02. Chronic heart failure 4.04 Ischemic heart disease 4.05 Recurrent arrhythmias 4.06 Symptomatic congenital heart disease 4.09 Heart transplant 4.10 Aneurysm of aorta or Cardiovascular disease (CVD) is a class of diseases that involve the heart or blood vessels. CVD includes coronary artery diseases (CAD) such as angina and myocardial infarction (commonly known as a heart attack). Other CVDs include stroke, heart failure, hypertensive heart disease, rheumatic heart disease, cardiomyopathy, abnormal heart rhythms, congenital heart disease, ... Using hands-on learning, explore a career that supports cardiac care. The two-year Cardiovascular Technology Ontario College Diploma program provides you with the essential knowledge and technical skills required to perform electrocardiograms, exercise tolerance tests and ambulatory monitoring in the role of a cardiovascular technologist. Professionals in this field work closely ... The circulatory system includes the heart, blood vessels, and blood. The cardiovascular system in all vertebrates, consists of the heart and blood vessels. The circulatory system is further divided into two major circuits – a pulmonary circulation, and a systemic circulation. The pulmonary circulation is a circuit loop from the right heart taking deoxygenated blood to the lungs where it ... 22/3/2022 · A comprehensive database of more than 41 cardiovascular system quizzes online, test your knowledge with cardiovascular system quiz questions. Our online cardiovascular system trivia quizzes can be adapted to suit your requirements for taking some of the top cardiovascular system quizzes. Knowing the functions of the cardiovascular system and the parts of the body that are part of it is critical in understanding the physiology of the human body. With its complex pathways of veins, ... Removing #book# from your Reading List will also remove ... 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The signals travel through specialized pathways to the lower heart chambers (ventricles). 104.01 Category of Impairments, Cardiovascular System . 104.02 Chronic heart failure while on a regimen of prescribed treatment with symptoms and signs described in 104.00C2 and with one of the following: A. Persistent tachycardia at rest (see Table I); OR . As the heart beats, it pumps blood through a system of blood vessels, called the circulatory system. The vessels are elastic, muscular tubes that carry blood to ... 30/6/2009 · Lupus can affect the cardiovascular system, which includes your heart and blood vessels. In fact, cardiovascular disease, not lupus itself, is the number one cause of death in people with SLE. ... The Lupus Book: A Guide for Patients and Their Families. 1st ed. As the heart beats, it pumps blood through a system of blood vessels, called the circulatory system. 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