

A surgical photograph showing a large, reddish, tubular blood vessel. A surgical clamp is applied to the vessel, and a portion of it has been cut. The surrounding tissue is dark red and moist. A semi-transparent text box is overlaid on the center of the image.

Cardiovascular system III

Arteries vs. Veins

- Vessels-pipes, carries blood through out the body
- Arteries carry blood away from the ventricles of the heart
- Arteries carry O₂ rich blood except the pulmonary arteries

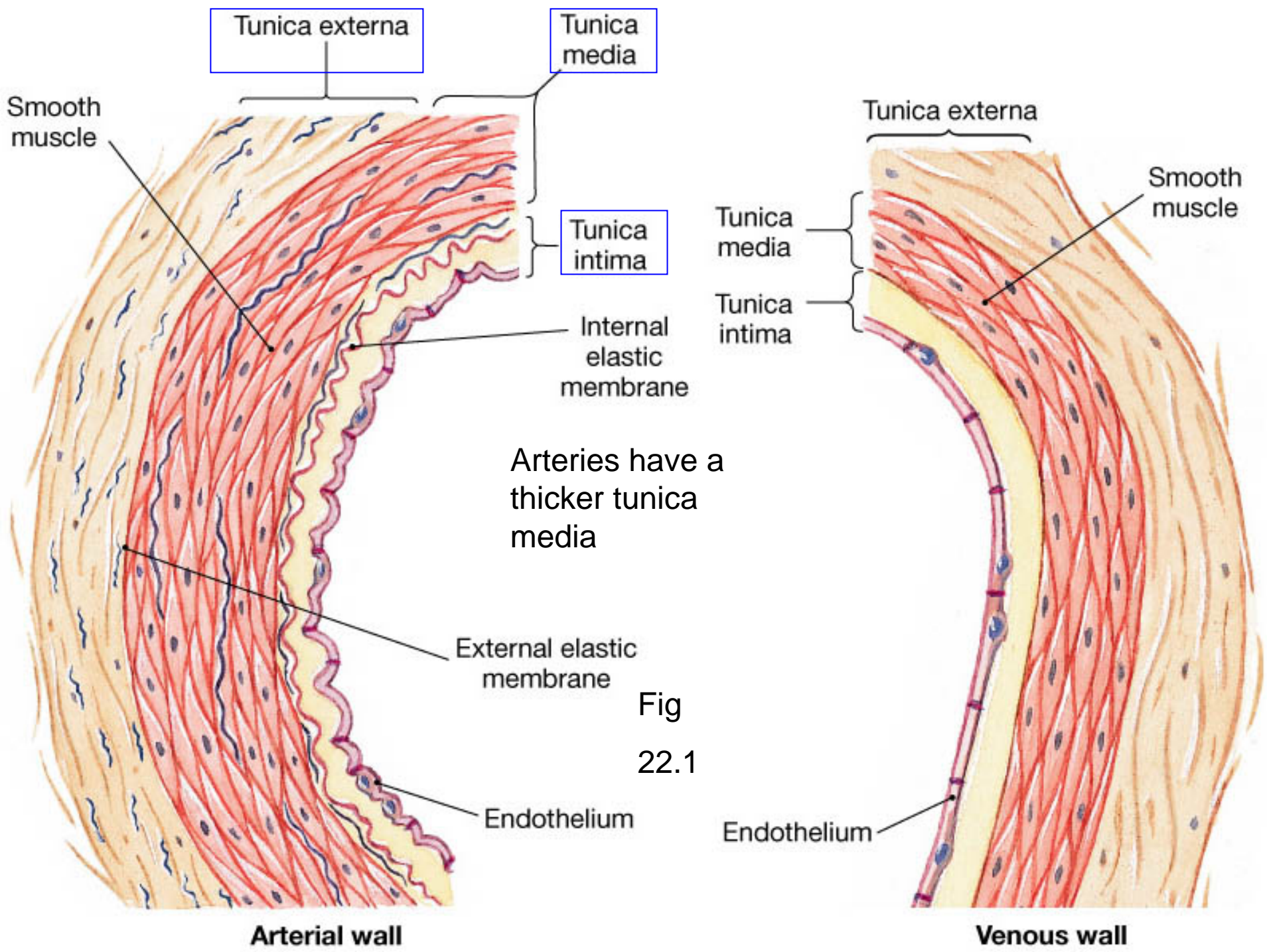
- Vein carry blood to the atria of the heart
- Veins carry deoxygenated blood except the pulmonary veins

Circuits of the Vascular System

- Pulmonary Circuit- oxygenation of blood
- From the Pulmonary semilunar valve → Through the lungs → to the entrance of the left atrium
- Systemic Circuit- oxygenation of tissue
- From the aortic semilunar valve → through the body → to the entrance of the right atrium

Tunics (Layers) of vessel Walls

- Tunica interna
Deepest layer (contacts blood)
Endothelial lining + basement membrane
Arteries have elastic layer
- Tunica media
- Middle layer
Layers of smooth muscle
Arteries have elastic fibers
- Tunica Externa (adventitia)
Superficial layer
Connect tissue layers-attaches to each other and other organs
Both have elastic and collagen fibers



Elastic Arteries

conducting arteries (move larger amount of blood)

large diameter (2.5cm)

walls proportionally not as thick (relative to diameter)

Tunica media-

few smooth muscle fibers

high density of elastic fibers (for elastic recoil)

undergo large pressure changes (ventricular systole/diastole)

pulmonary artery, aorta, and major branches are examples

Muscular Arteries

distribution arteries

relatively small diameter (0.4cm)

thicker tunica media (relative to diameter) than elastic artery

Tunica media- thicker (compared to elastic arteries)

high density of smooth muscle fibers

less elastic fibers

- UNDER GO DIAMETER CHANGES due to ANS (autonomic nervous system) input for blood flow regulation to organs.
- Arteries in neck, and appendages are examples

arterioles

small diameter (30 μ m)

poorly defined tunica externa

incomplete tunica media (scattered smooth muscle)

Control blood flow between arteries and capillaries

1 arteriole leads to dozens of capillaries

Veins: Mechanisms to move blood

- Blood pressure too low in veins to move blood efficiently
-
- Three Mechanisms:
-
- 1. Valves
- -found in limbs
- -semilunar-type valves (similar to heart)
- -one-way (no backflow in healthy veins)
- -moves bolus of blood up section-by-section
- -folding of tunica interna

- 2. Skeletal Muscle Pump
- -veins located between muscles
- -pressure on vessel walls from contracted muscles
- -“pushes” blood through
- -Not found in larger vessels of anterior cavity
-
- 3. Thoracoabdominal Pump
- -Breathing changes pressure within thoracic and abdominal cavities
- -As one cavity pressure increases, the other cavity pressure decreases
- -“Push-pull” blood through
- -Only found in larger vessels of anterior cavity

Venous valves

Skeletal muscle pump-

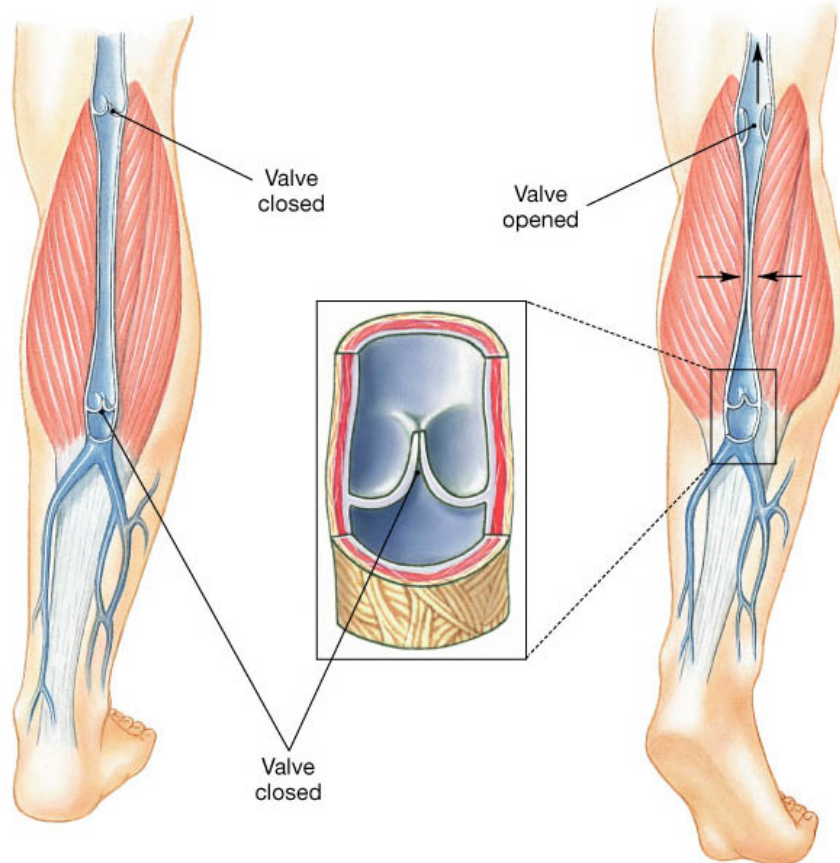


Fig
22.6

- Venules collect blood from capillaries (20 μ m)
- Medium sized veins (2-9 μ m)
- Large veins (>9mm)

Arteries vs Veins

Features

Arteries

Veins

General appearance **usually round, no valves**

usually flattered, valves

•

Tunica Interna **rippled**

smooth

•

Internal elastic membrane. **Present**

Absent

•

Tunica Media **Thick, has SM & elastic membrane** Thin has SM & collagen fiber

External elastic membrane. **Present**

absent

•

Tunica Externa **Elastic, Collagen fibers**

Elastic collagen fibers + Muscle fibers.

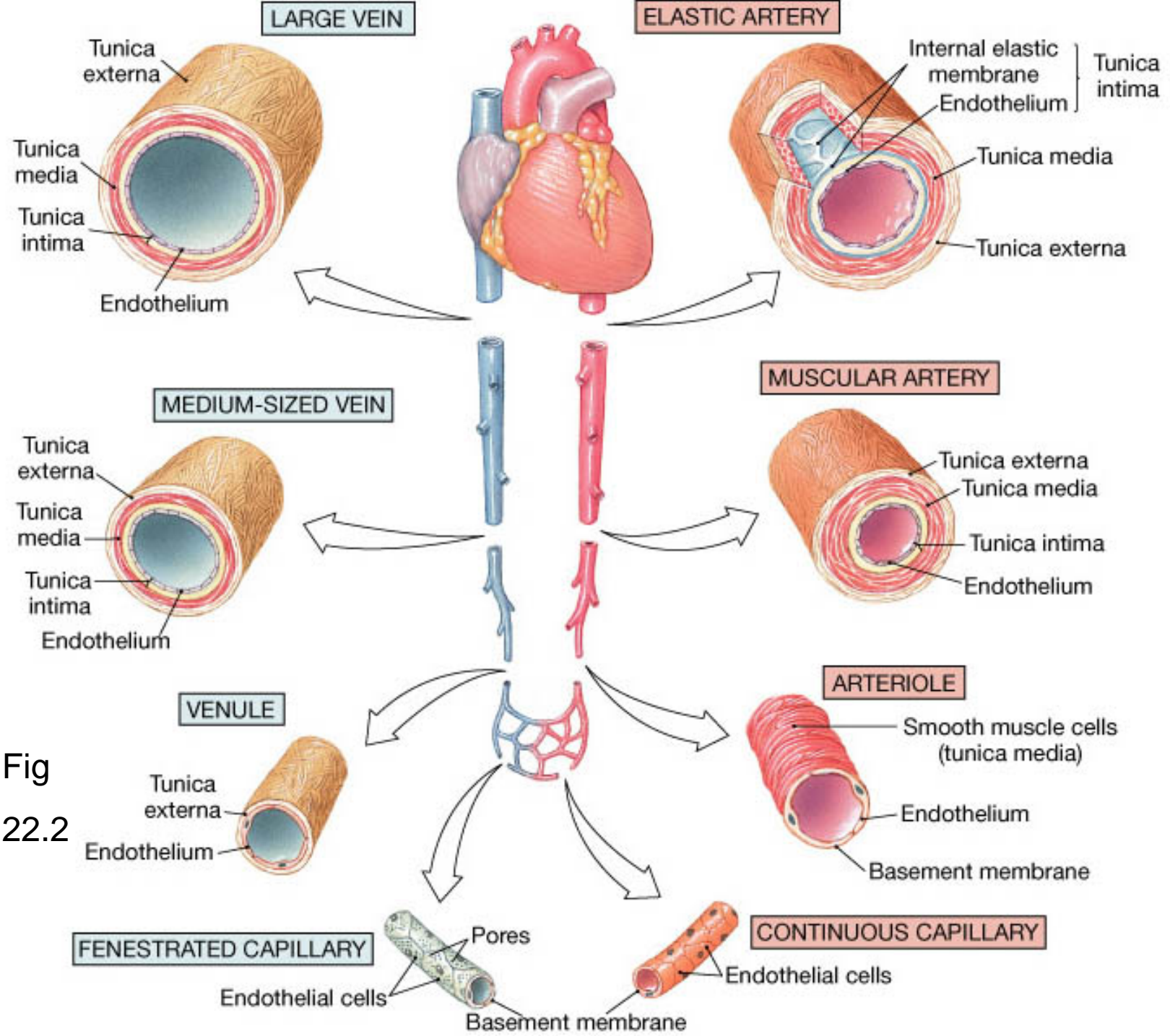
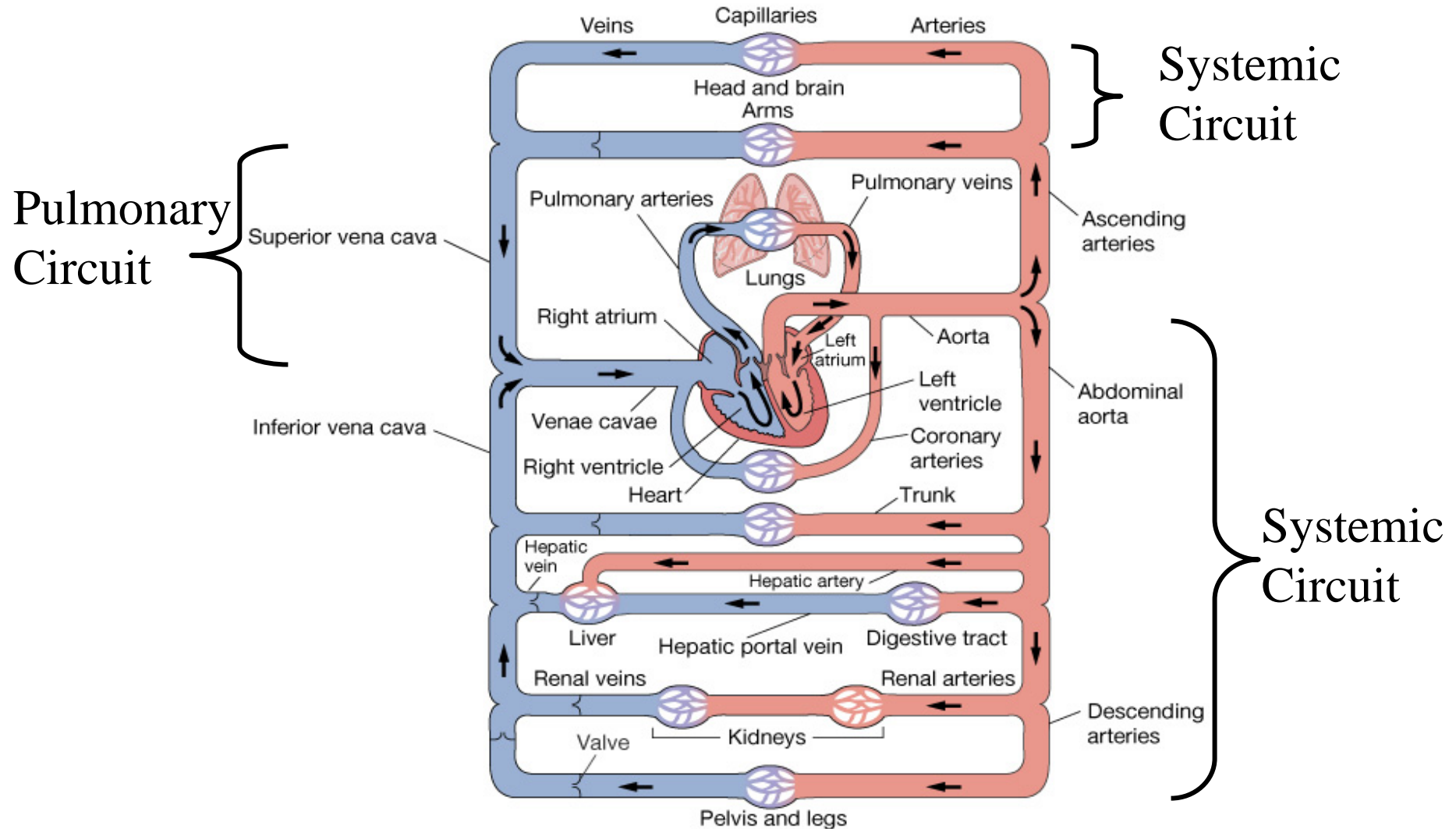


Fig
22.2

The Circulatory system is a "closed circulation"



Capillaries

- Exchange surface between the cardiovascular system and tissues
- Plasma diffuses out of the capillaries into the tissues carrying gases, nutrients hormones etc
small diameter ($8\mu\text{m}$), rbc diameter $=7.7\mu\text{m}$
- Most capillaries are arranged into capillary beds
- Thinness allows for exchange of material between the blood and tissues

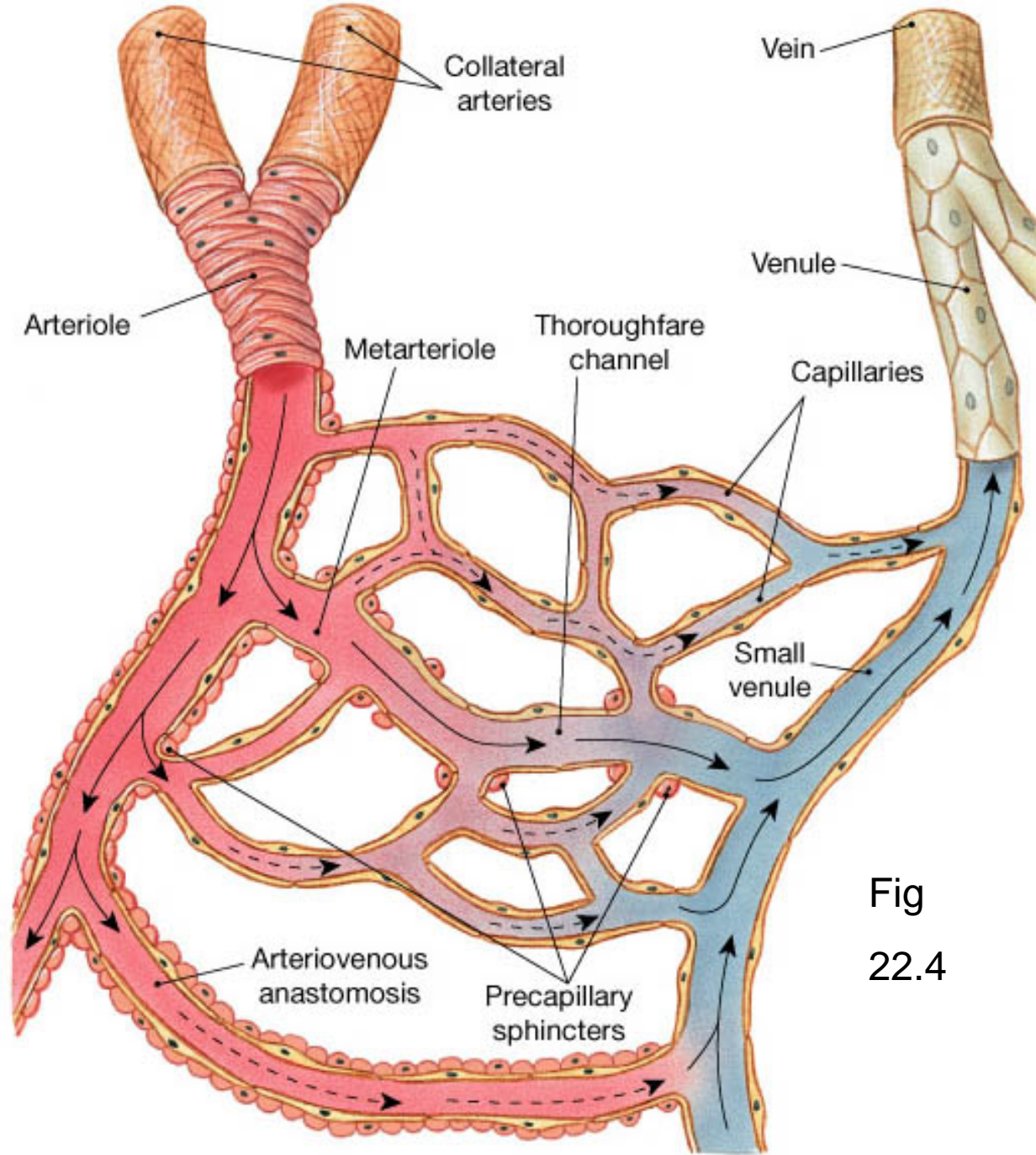


Fig
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(a) Capillary bed

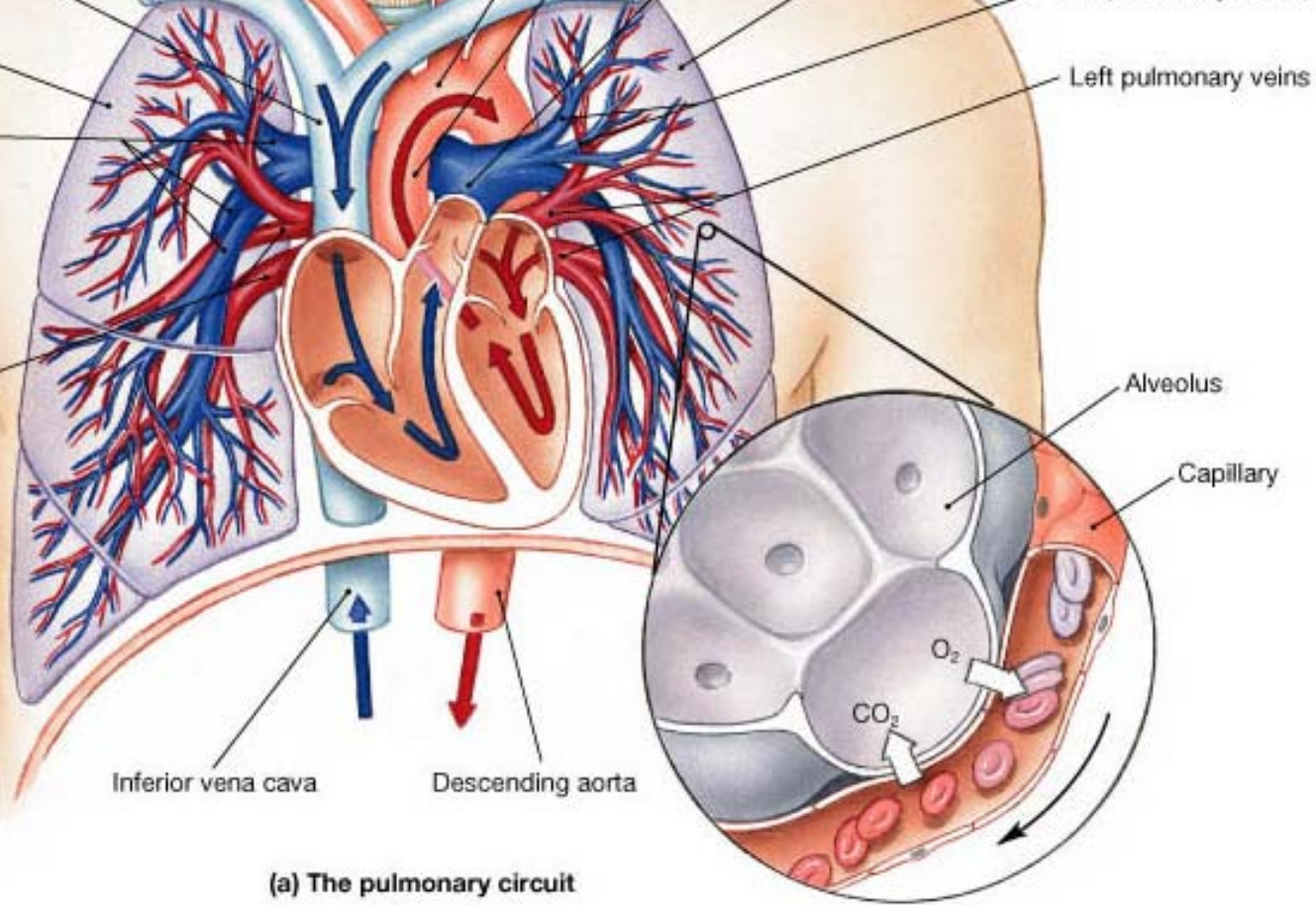
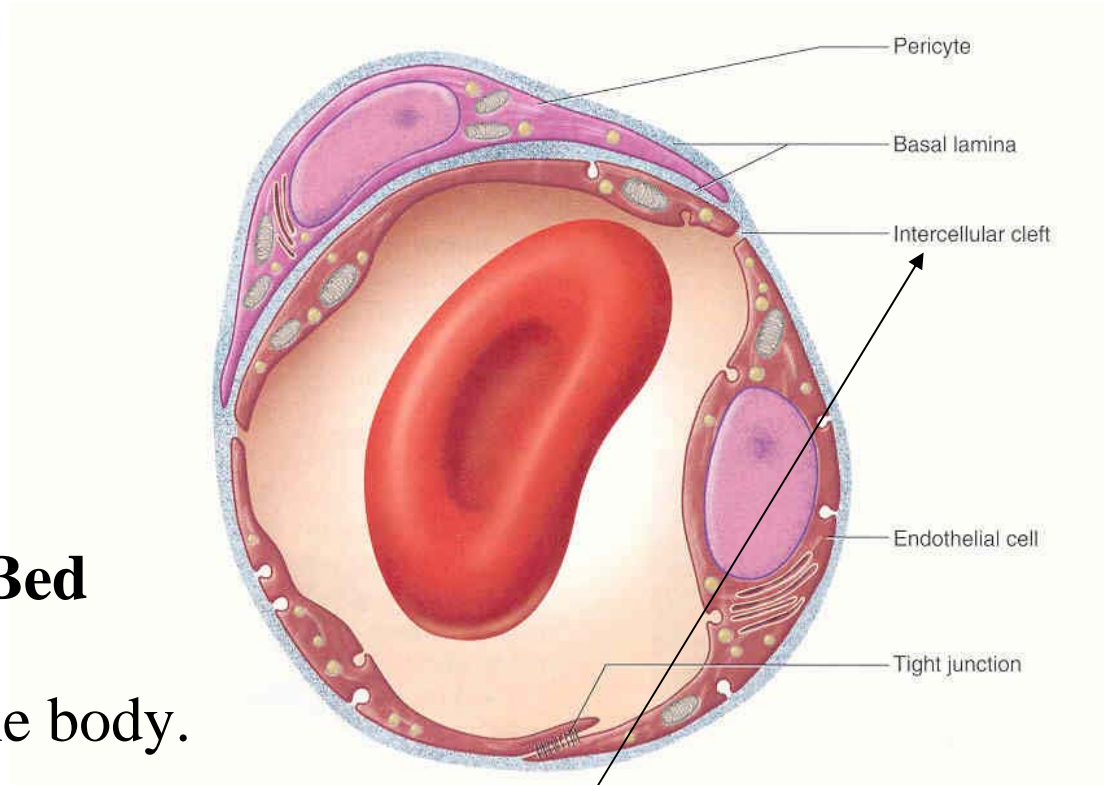
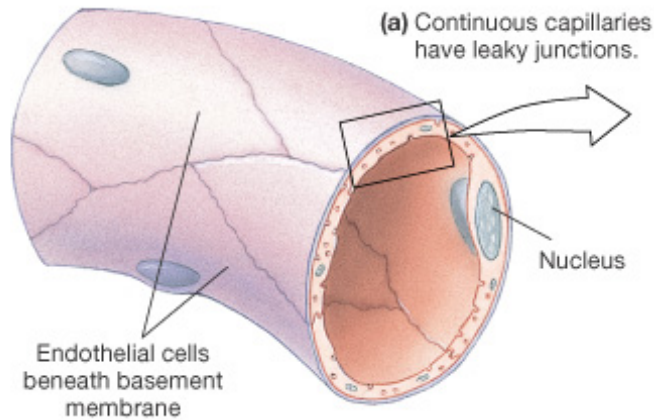


Fig
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3 Types of Capillary Beds



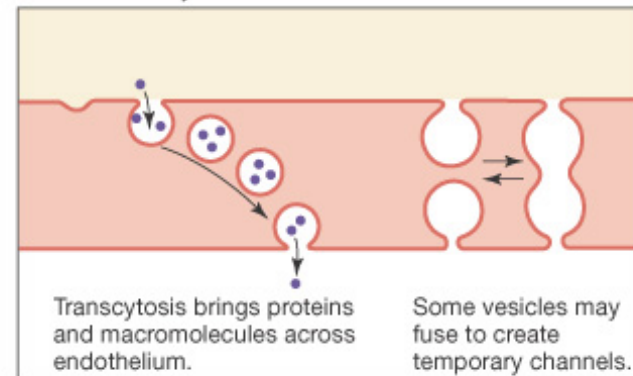
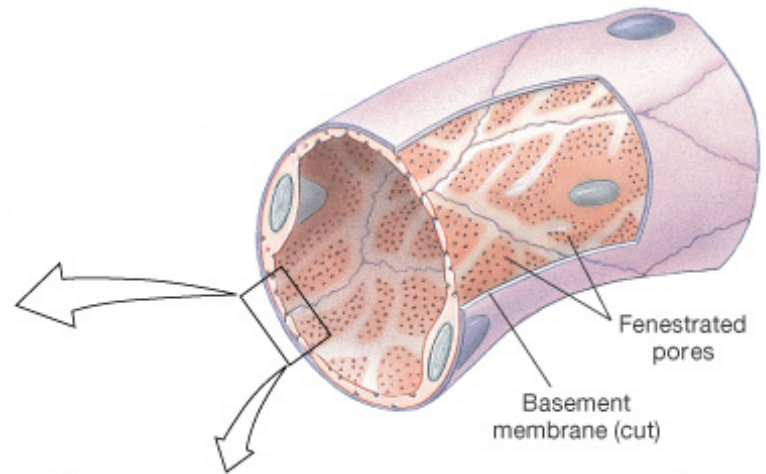
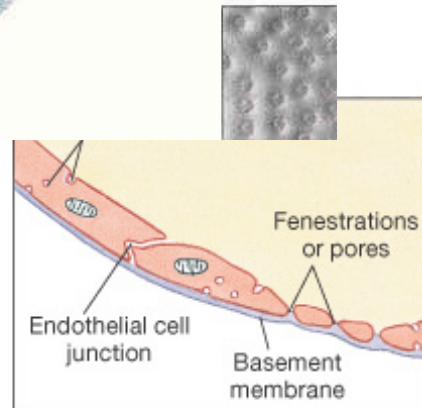
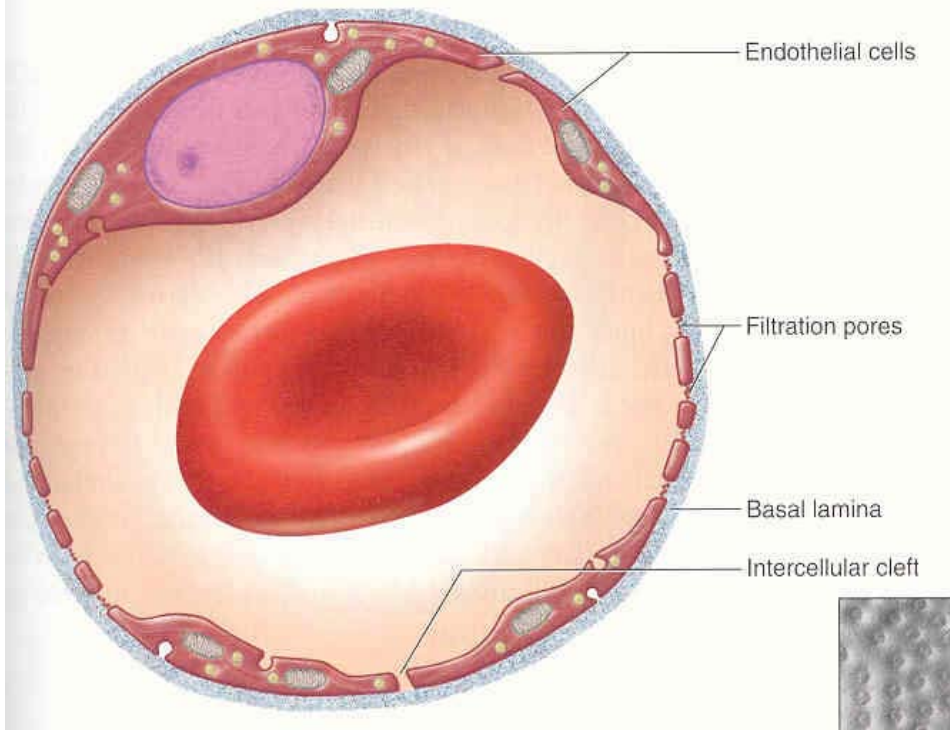
1. Continuous Capillary Bed

- most common type in the body.
- have tight junctions & desmosomes
- 'leaky' capillaries

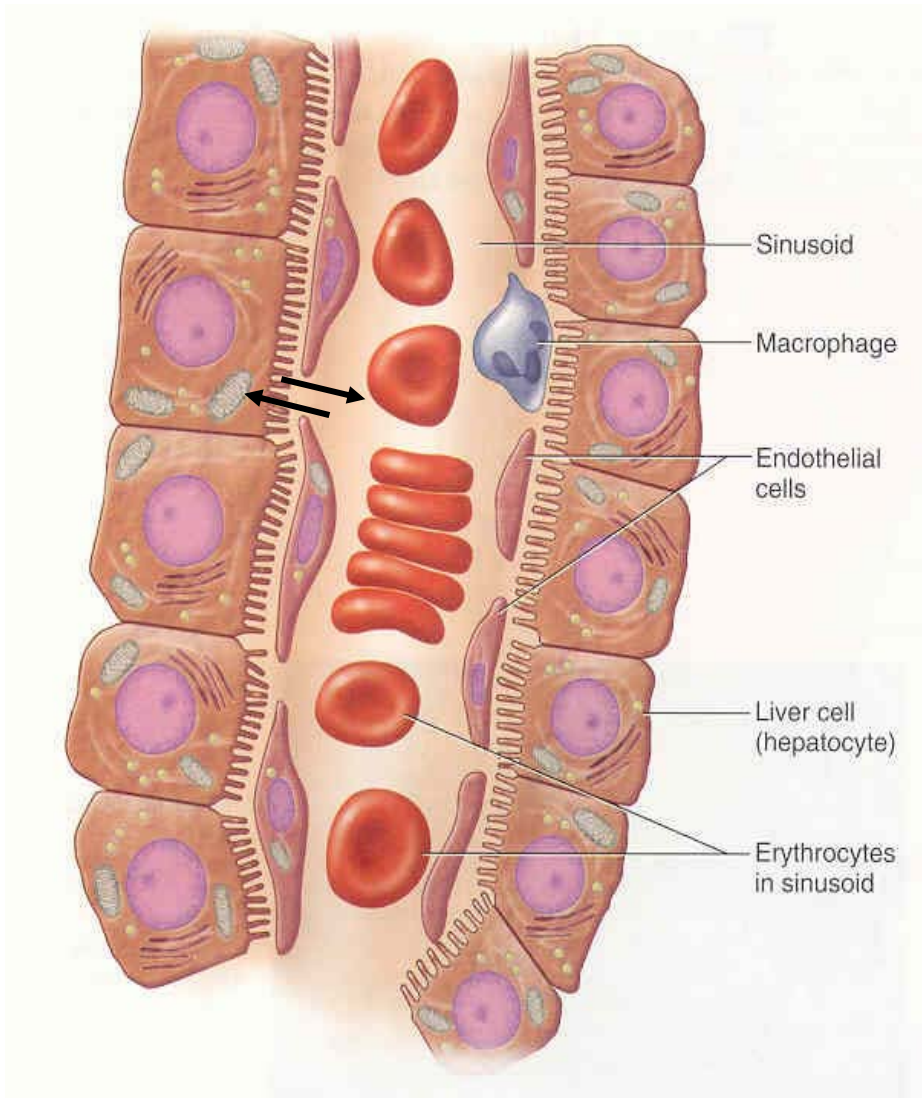
2. Fenestrated Capillary Bed

- have 'pores' called *fenestrations*.

- more 'leaky' than continuous.



- specific locations in body:
kidney, capillaries of endocrine organs,
synovial joints.



3. Sinusoidal Capillary Bed

- Largest pores of capillaries.
- ‘leakiest’ capillary bed.
- high degree of exchange.
- highly convoluted (twisting).
- least common in body:
e.g., liver and spleen.



Capillaries

Venule

Arteriole



mystify

Movement across a capillary

- Diffusion (based on concentration gradient)
 - Capillary endothelial cells
 - Gaps between cells
 - Thru pores
- Endo/exocytosis across the endothelial cells

Heart → Arteries (Elastic Arteries) → Muscular Arteries) → Arterioles → Capillaries → Venules → Veins → back to heart.

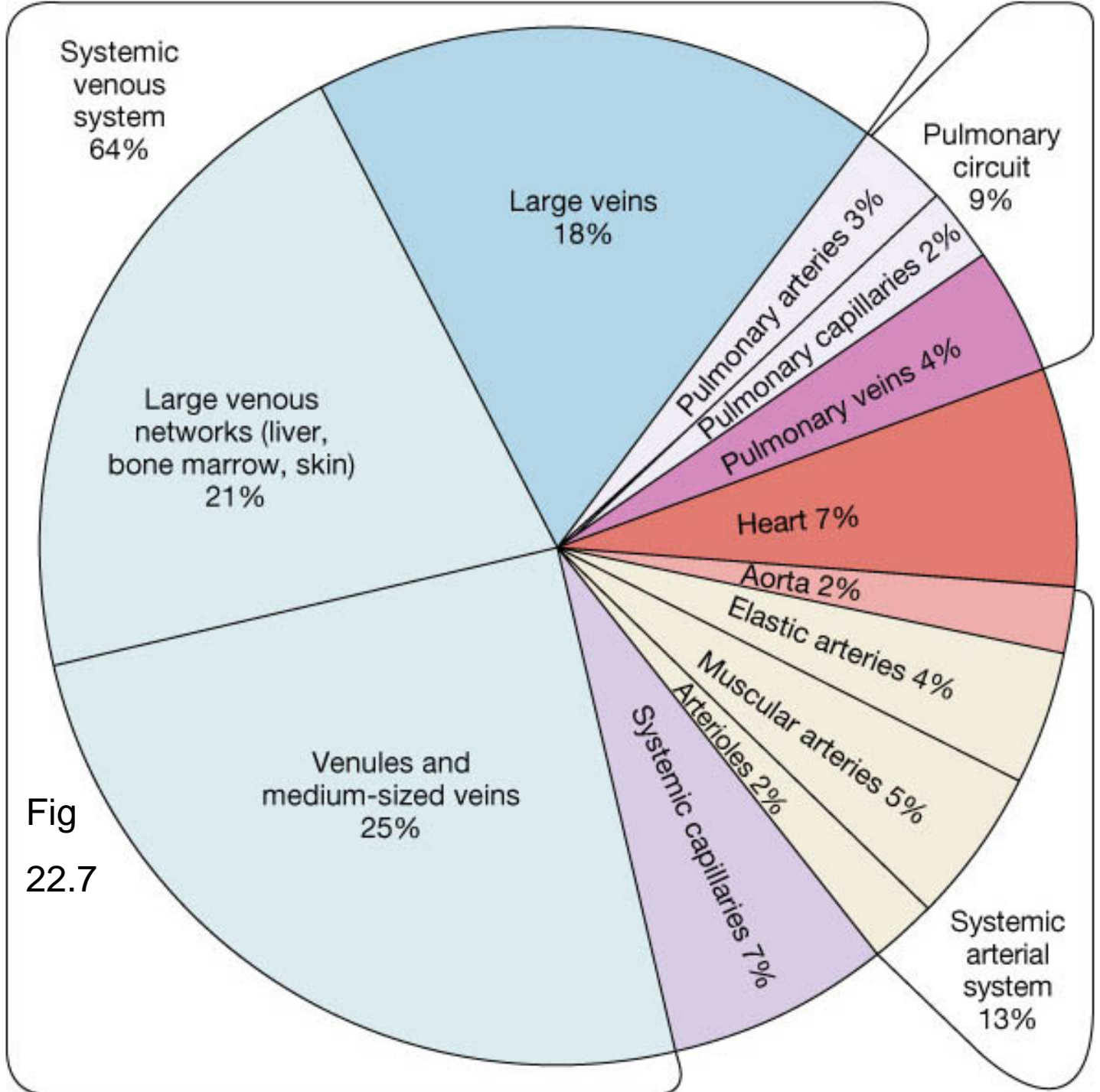
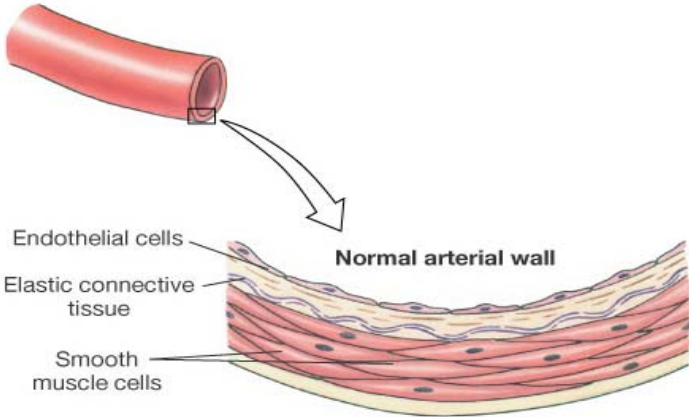
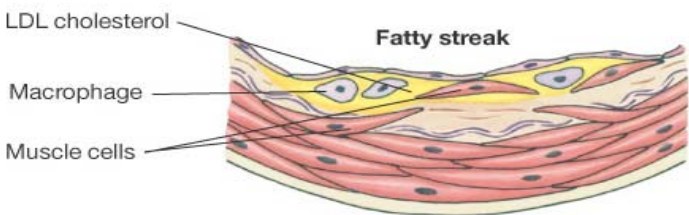


Fig
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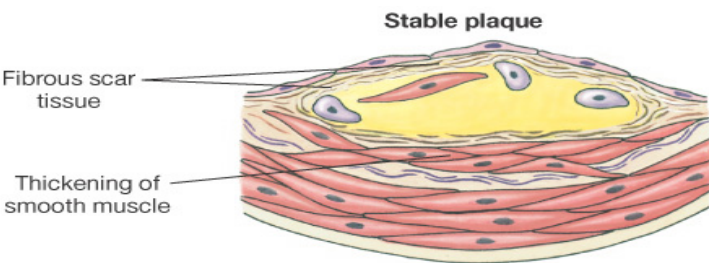
Normal arterial wall

(a) The normal arterial wall consists of smooth muscle and connective tissue with an endothelial cell lining.



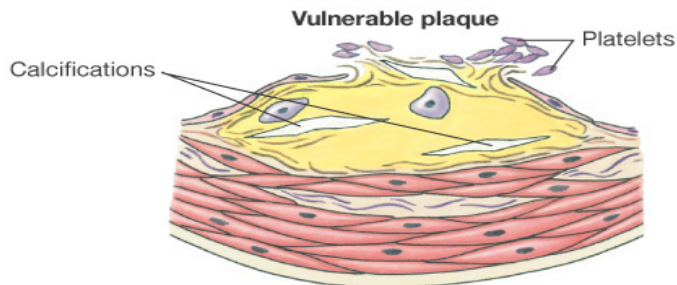
Fatty streak

(b) In early stages, excess LDL-cholesterol accumulates between the endothelium and connective tissue. There, it is oxidized and phagocytosed. The macrophages produce paracrine factors that attract smooth muscle cells. At this stage, the lesion is called a fatty streak.



Stable plaque

(c) As cholesterol accumulates, fibrous scar tissue forms around it. Migrating smooth muscle cells divide, thickening the arterial wall and narrowing the lumen of the artery. This stage is known as a fibrous plaque.



Vulnerable plaque

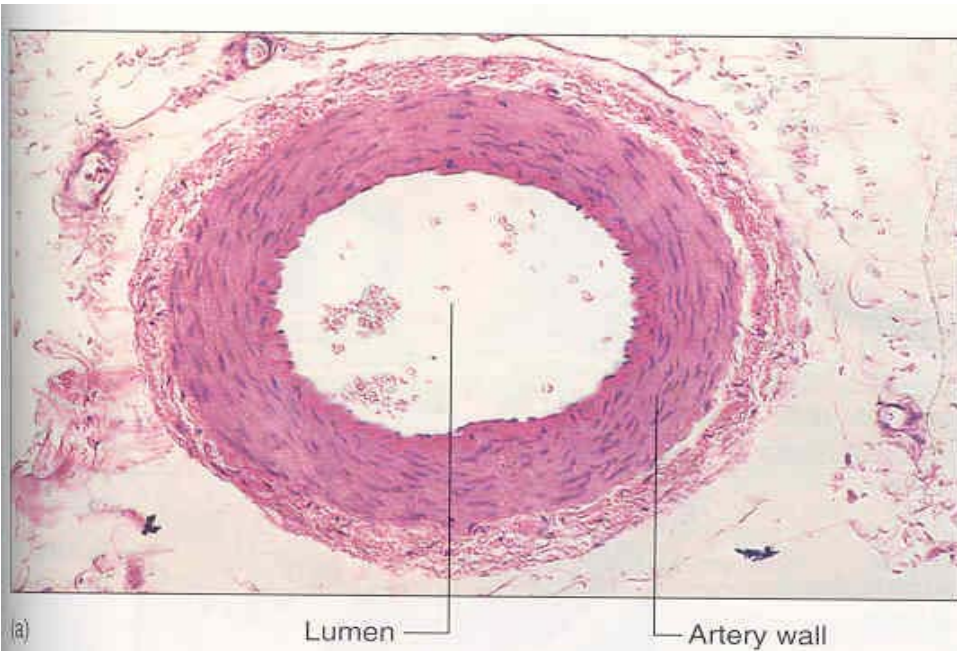
(d) In the advanced stages of atherosclerosis, calcified scar tissue will form. If the endothelium is damaged and collagen is exposed, platelets stick to the damaged area and a blood clot (thrombus) forms. If blood flow in the coronary blood vessel is stopped, a heart attack is the result.

Arteriosclerosis

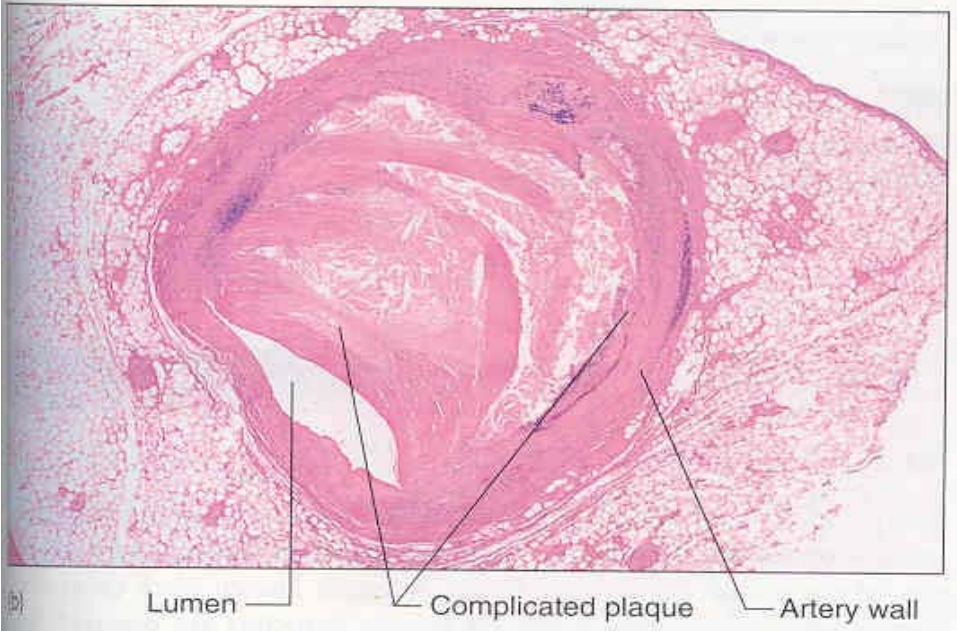
= hardening of vessel wall.

Atherosclerosis

= deposits of lipids in blood vessel wall, forming a plaque. Results in a hardening and narrowing of vessel.

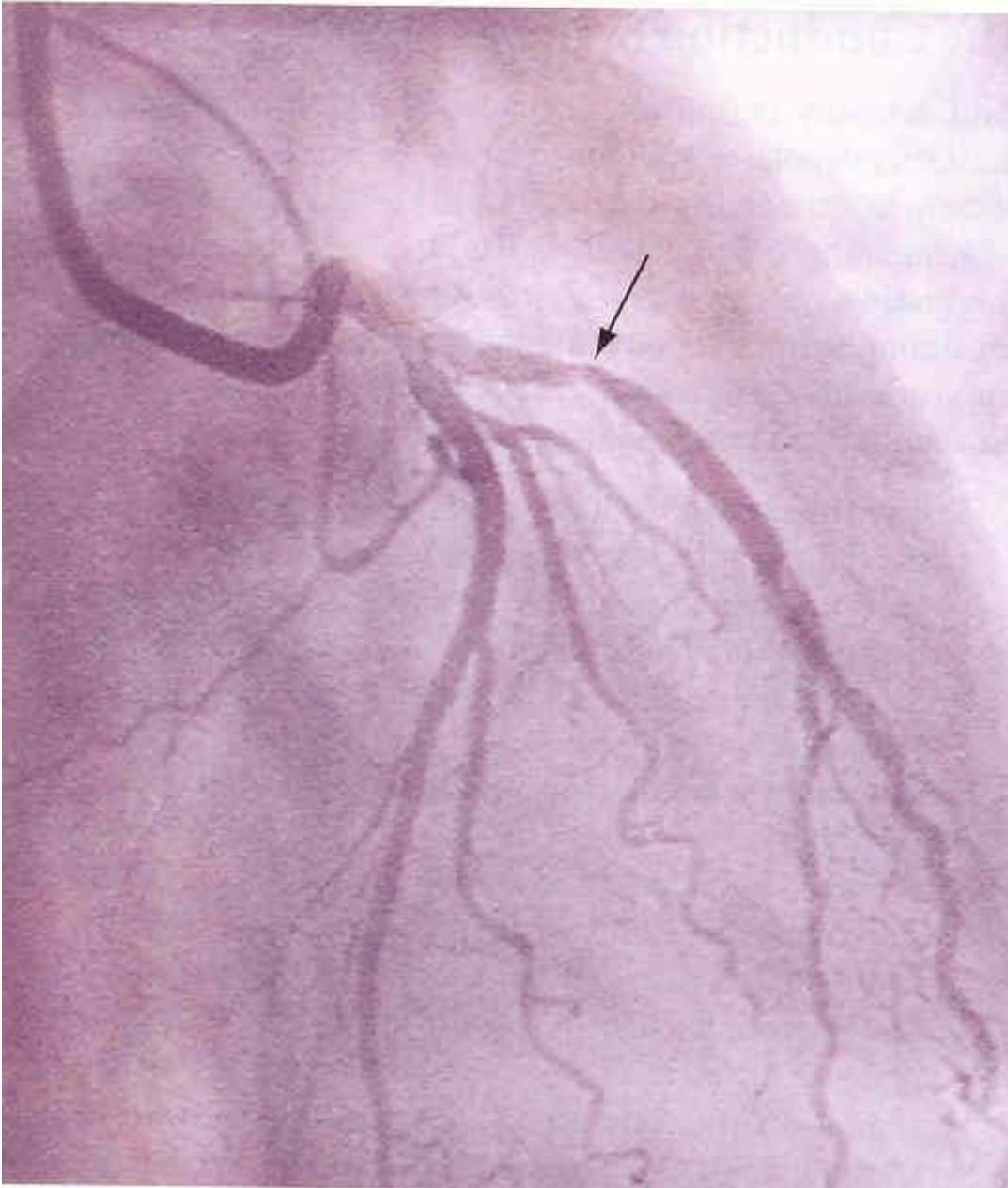


Cross section of a normal, healthy coronary artery.



Cross section of a coronary artery with advanced atherosclerosis.

Coronary Angiogram:



Showing 60% obstruction (arrow) of the anterior interventricular artery.

Aortic Aneurysm



Aneurysm:
a weak point
in the heart
or an artery
wall; results
in bulging due
to pressure in
vessel.

Poses threat of
hemorrhage.

Superior

Celiac

Superior Mesenteric

Renal

Gonadal

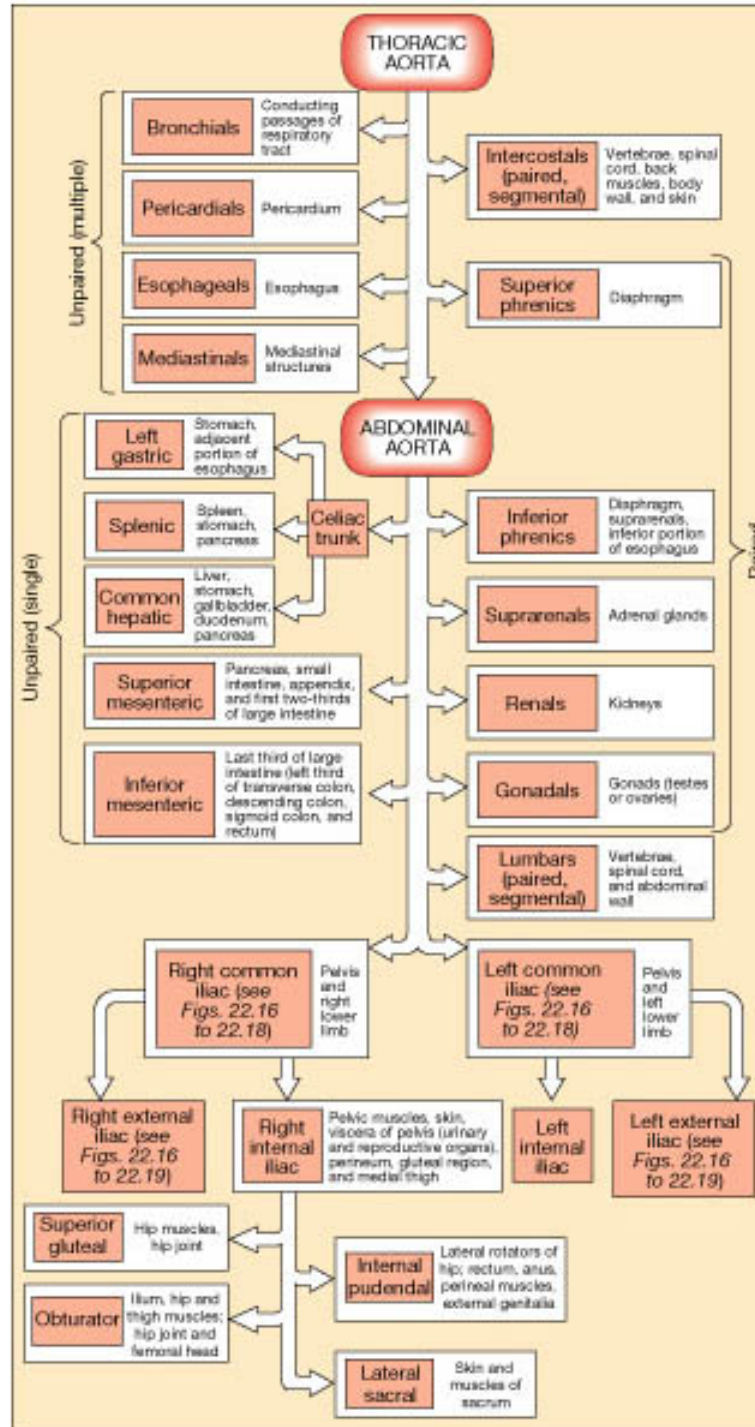
Inferior Mesenteric

Common Iliac

Inferior

gonadal artery=

ovarian in females testicular in males



Superior

Can

Small Mice

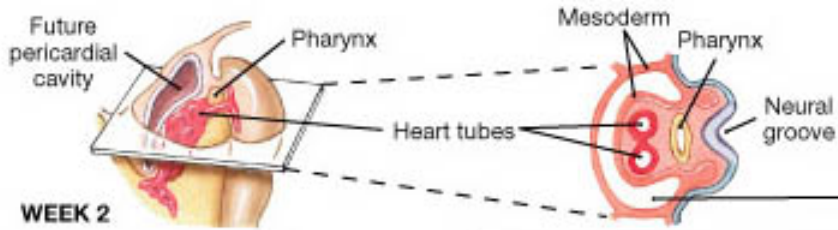
Really

Get

Into My

Cousin's Intestines

Inferior



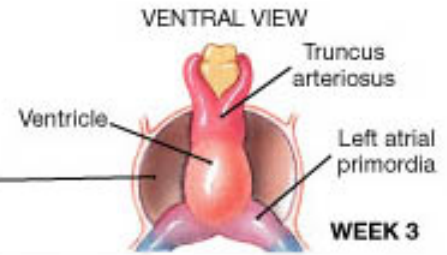
WEEK 2

LATERAL VIEW

During the second developmental week, the heart consists of a pair of thin-walled, muscular tubes beneath the floor of the pharynx.

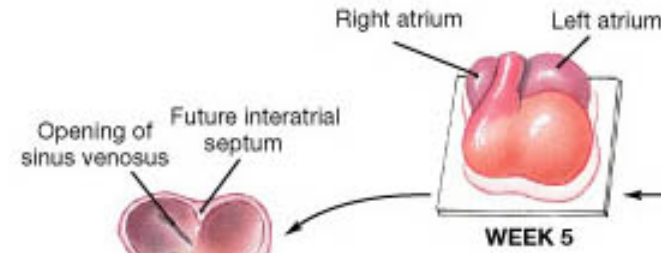
The lateral plate mesoderm in this region has already split into parietal and visceral layers, creating a space that will eventually form the pericardial cavity.

Future pericardial cavity



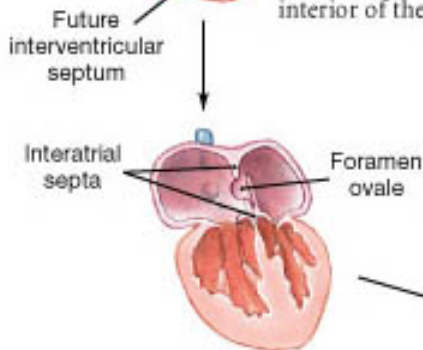
WEEK 3

By the third week, the heart is pumping, and circulating blood. The cardiac tubes have fused, producing a heart with a single central chamber. Two large veins bring blood to the heart, and a single large artery, the **truncus arteriosus**, carries blood to the general circulation.

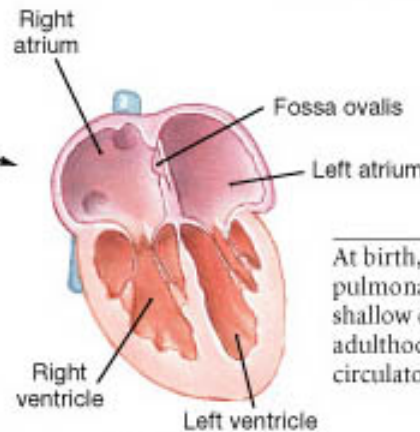


WEEK 5

In week 5, the interatrial and interventricular septa begin to subdivide the interior of the heart.



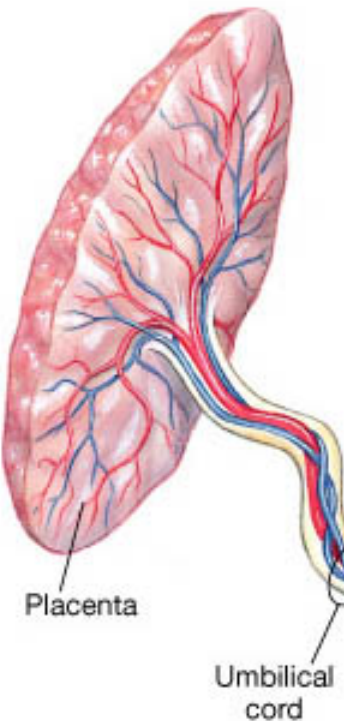
Two interatrial septa develop, one overlapping the other. A gap between the two, called the **foramen ovale**, permits blood flow from the right atrium to the left atrium. Back flow from left to right is prevented by a flap that acts as a one-way valve. Until birth, this atrial short circuit diverts blood from the pulmonary circuit.



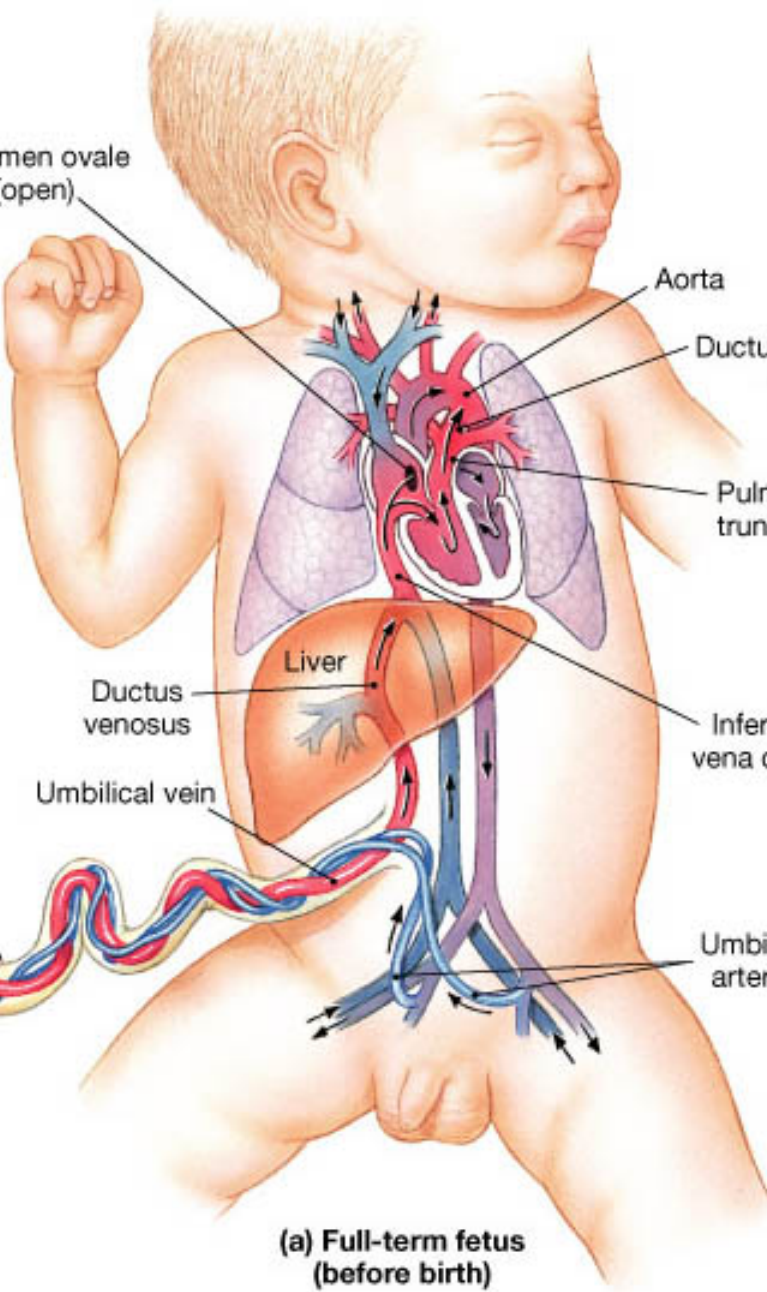
AGE 1 YEAR

The heart elongates as the embryo grows larger. It curves back upon itself, forming an S-curve that gradually becomes more pronounced. The atrial and ventricular regions already differ in thickness.

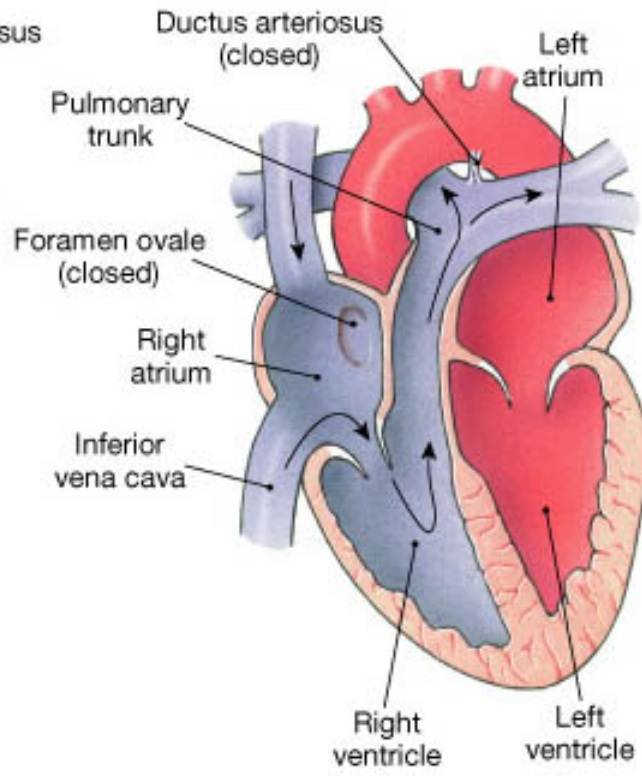
At birth, the foramen ovale closes, separating the pulmonary and systemic circuits in the heart. A shallow depression, the **fossa ovalis**, remains through adulthood at the site of the foramen ovale. (Other circulatory changes at birth are detailed in Chapter 22.)



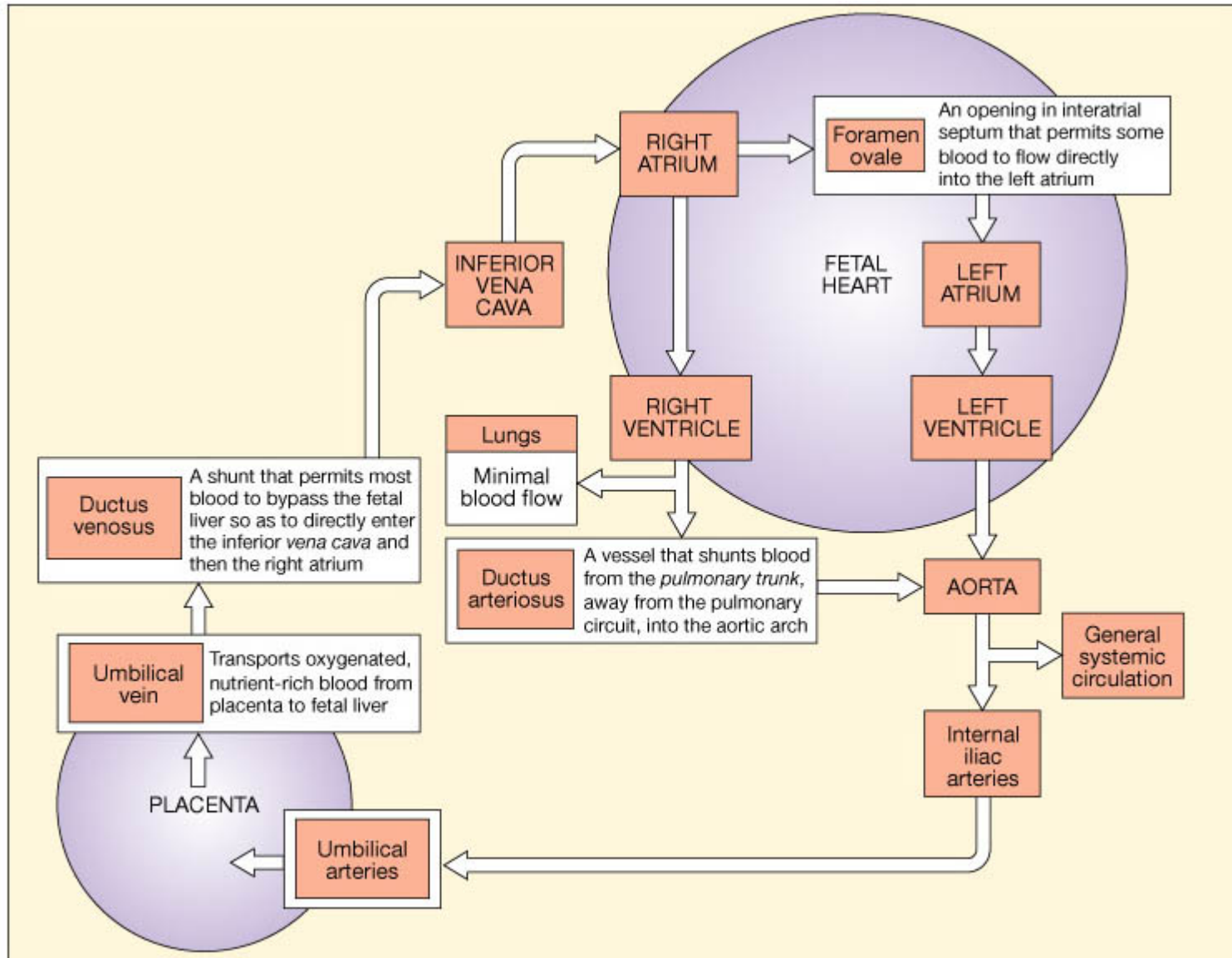
Foramen ovale (open)



(a) Full-term fetus (before birth)



(b) After delivery



(c) Fetal circulatory pattern

Interactive cd & Histology cd

- Cat dissection
- Opening the ventral cavity
-
- Lay cat on its dorsal surface
- Make incisions, cutting through the muscle, as seen in the figure below
- Fold back the flaps of tissue to expose the ventral cavity

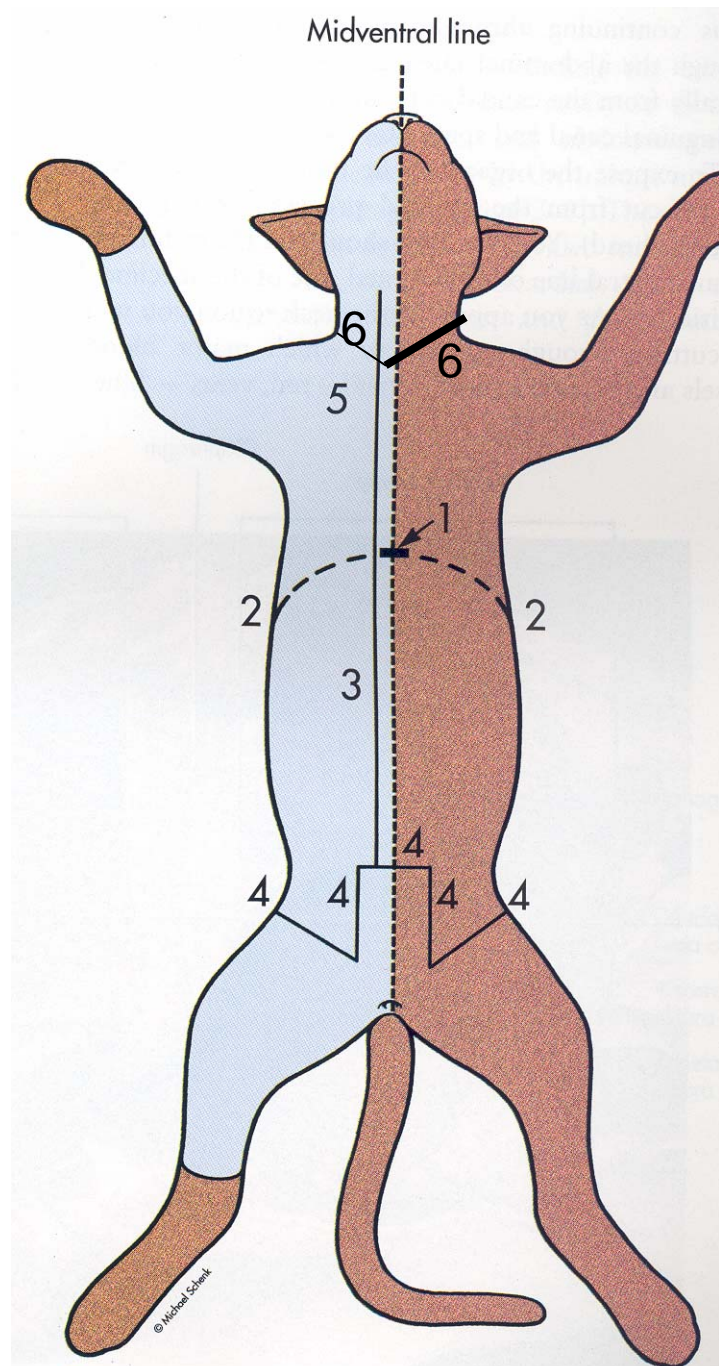
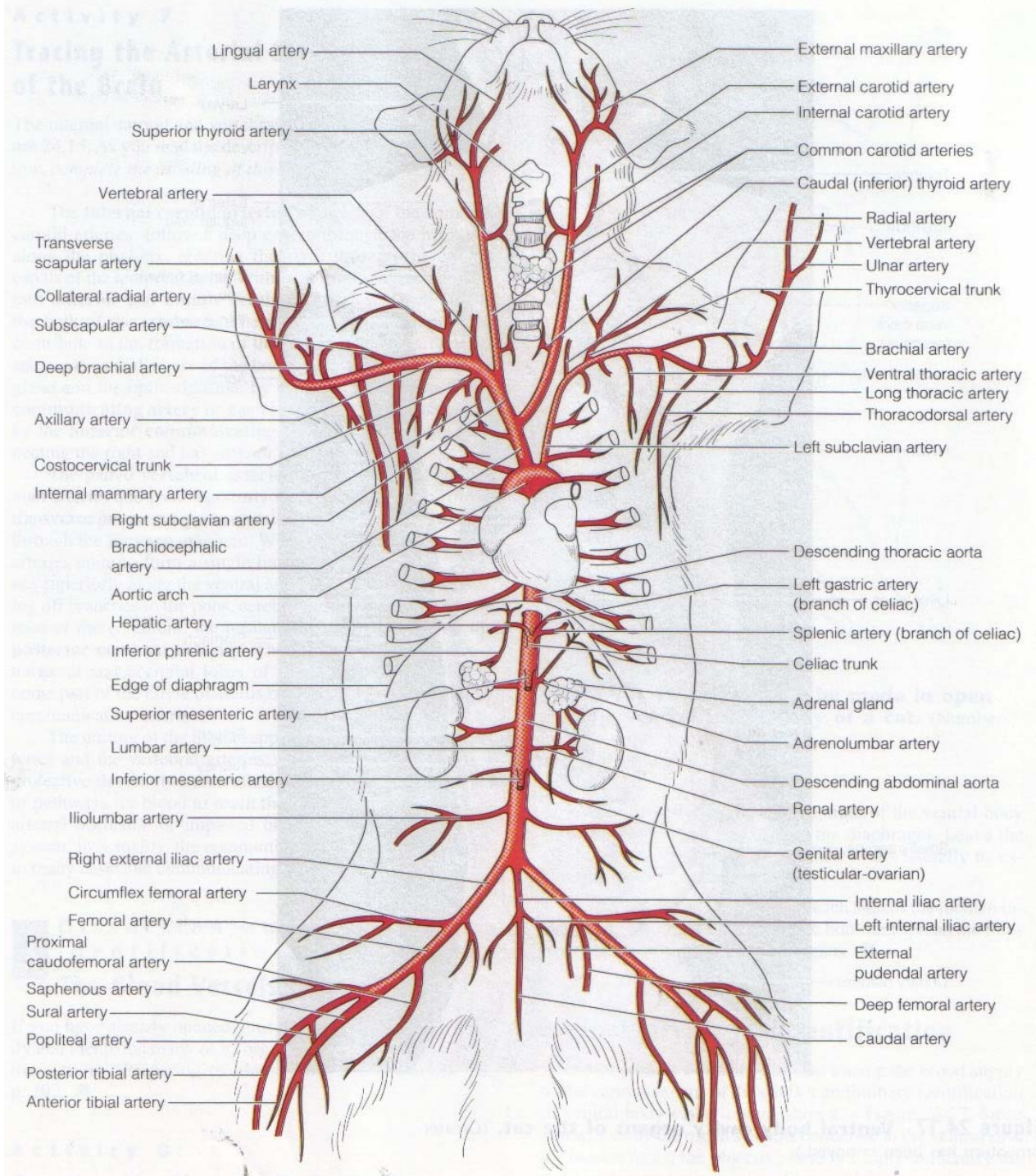
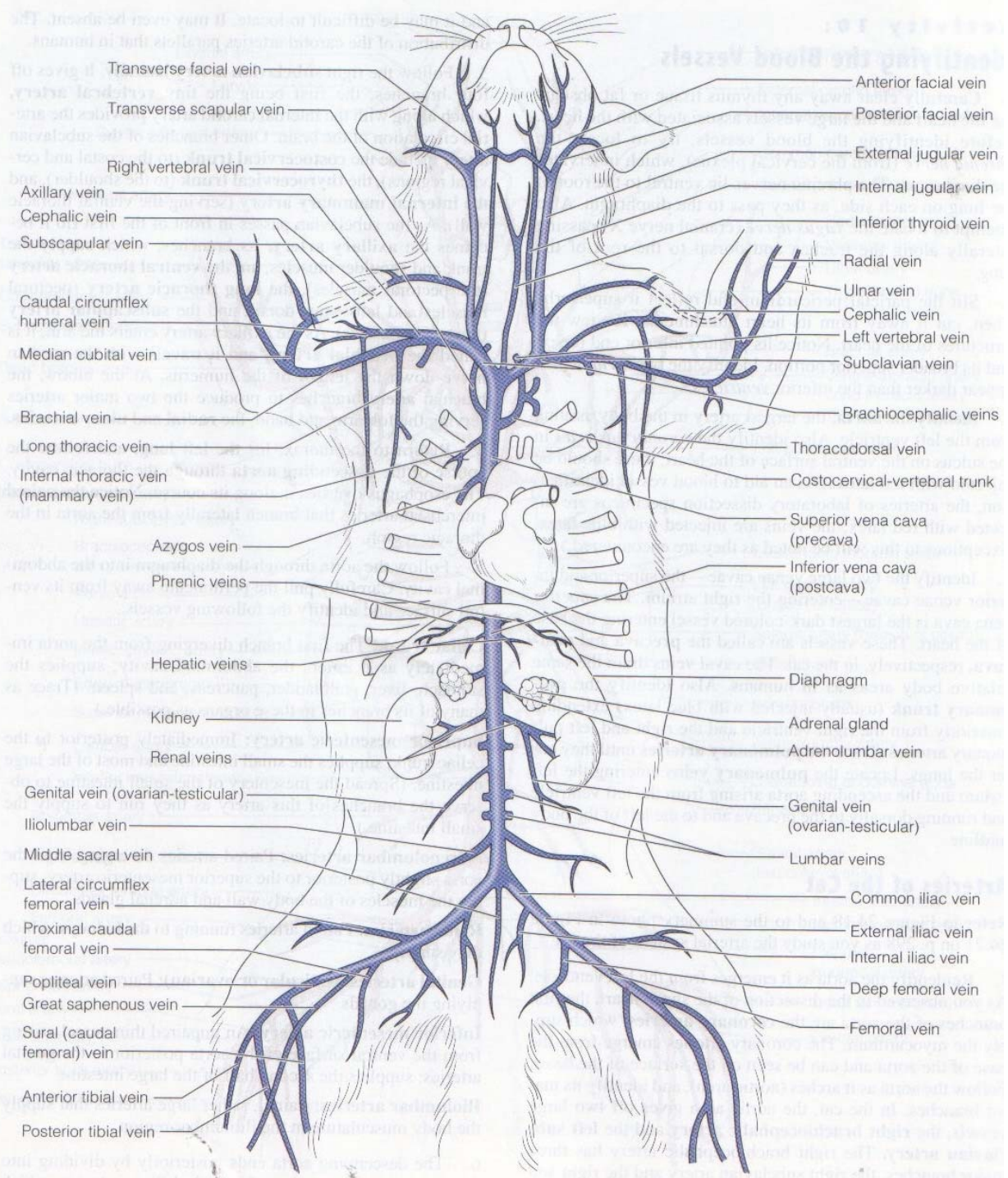
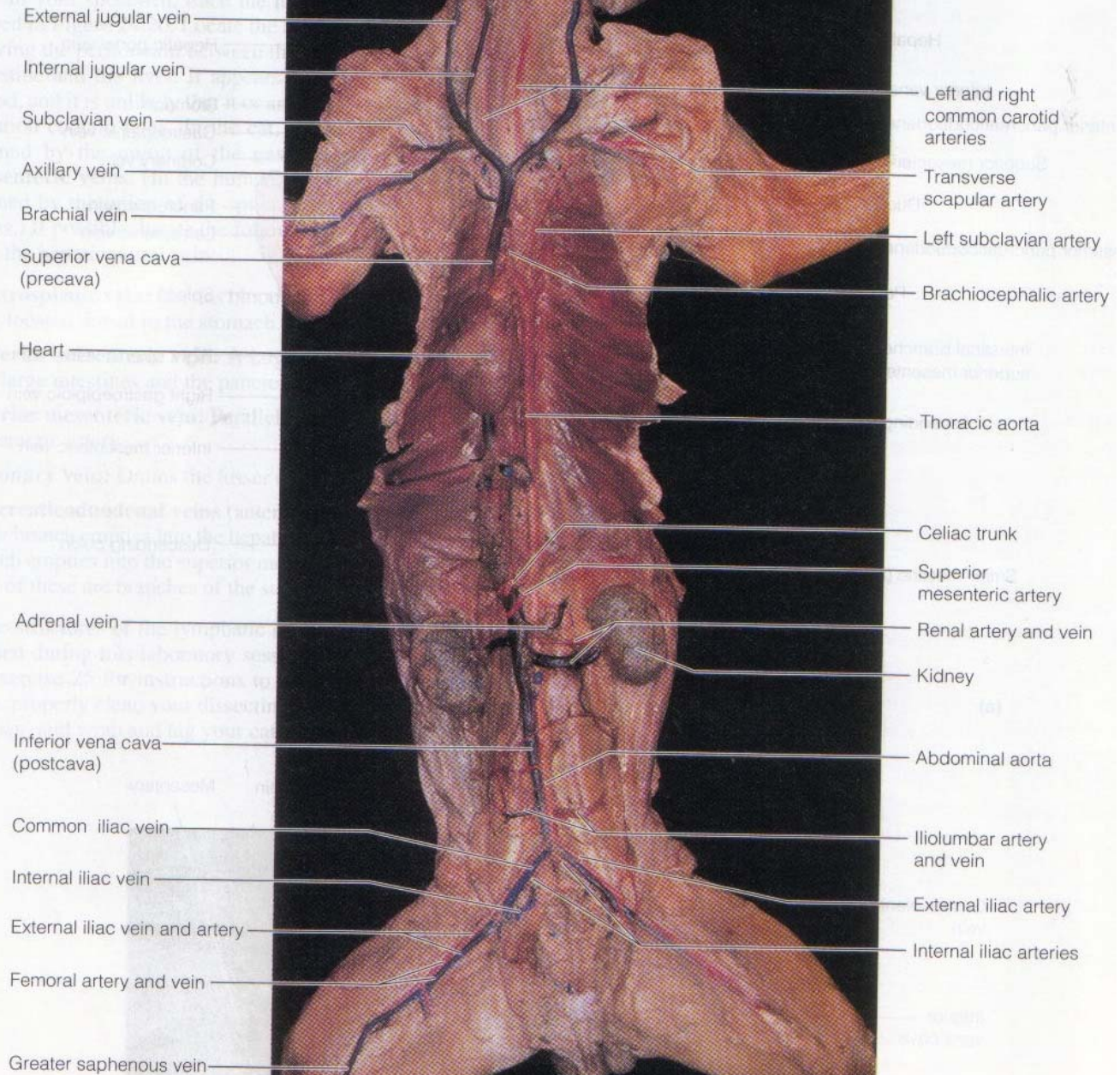


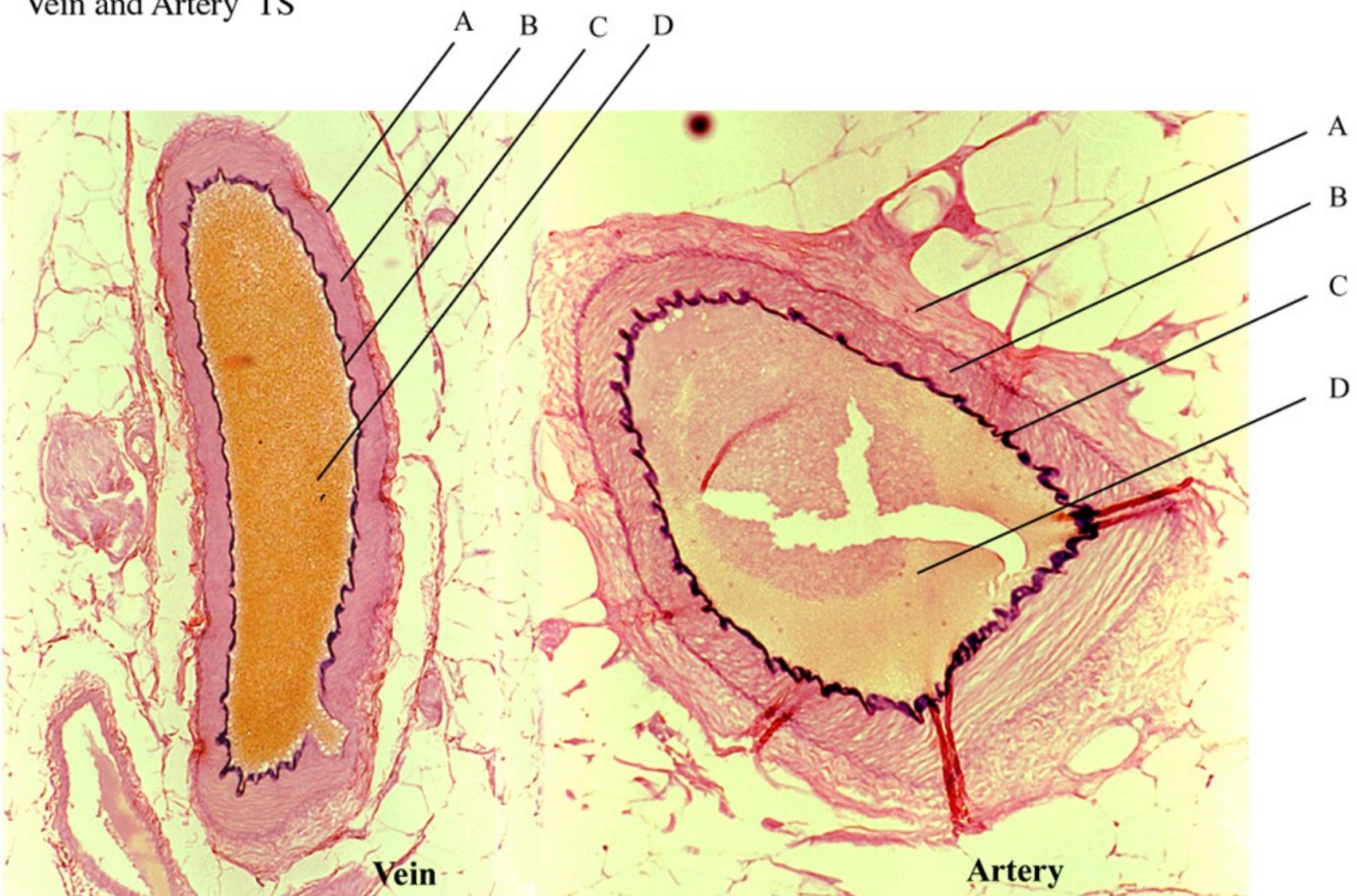
Figure 3-1 Incisions to expose internal organ systems.







Vein and Artery TS



- A - layer of elastic fibres (tunica adventitia)
- B - layer of smooth muscles and elastic fibres (tunica media)
- C - endothelium and elastin (tunica intima)
- D - blood

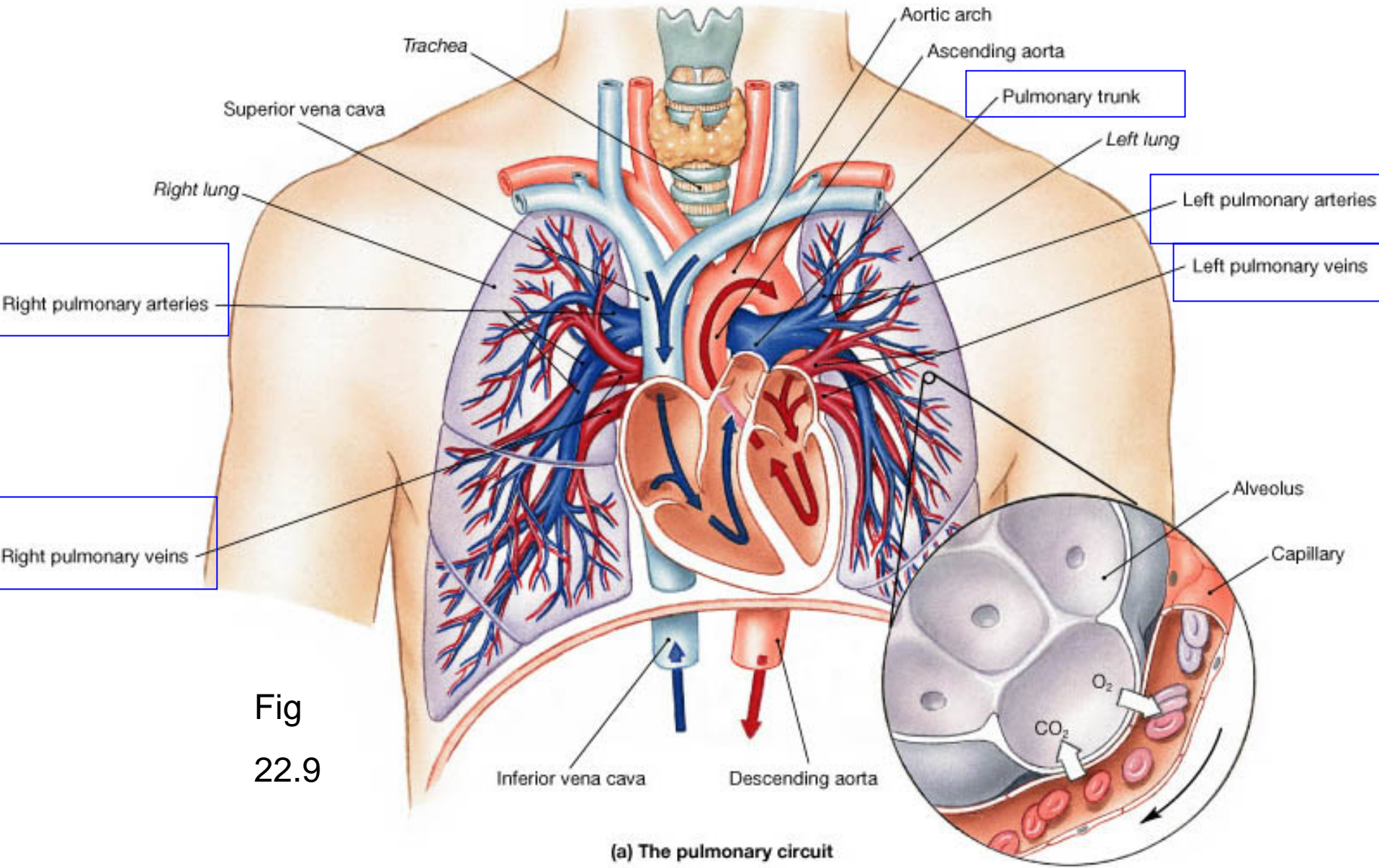


Fig
22.9

(a) The pulmonary circuit

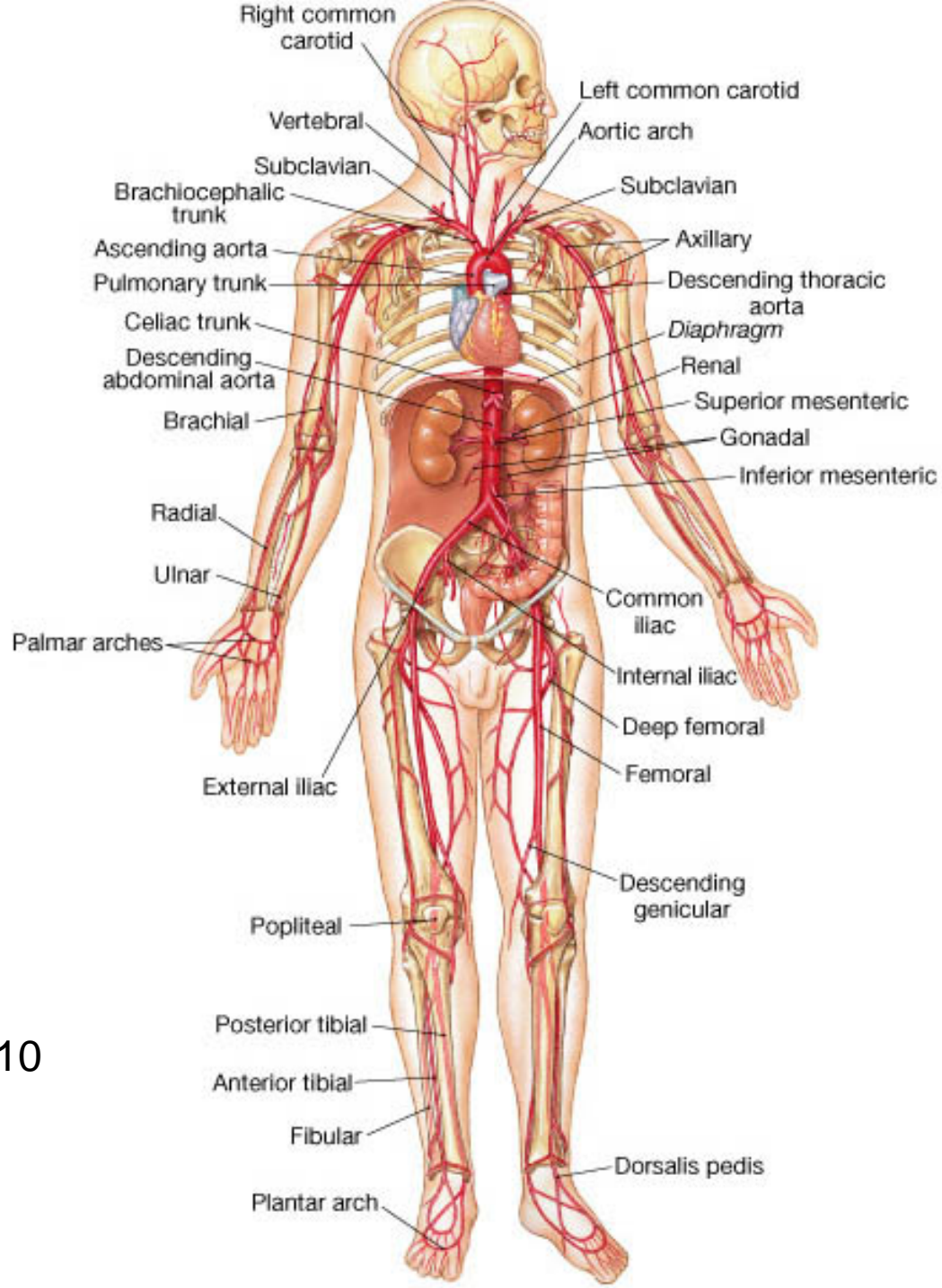


Fig
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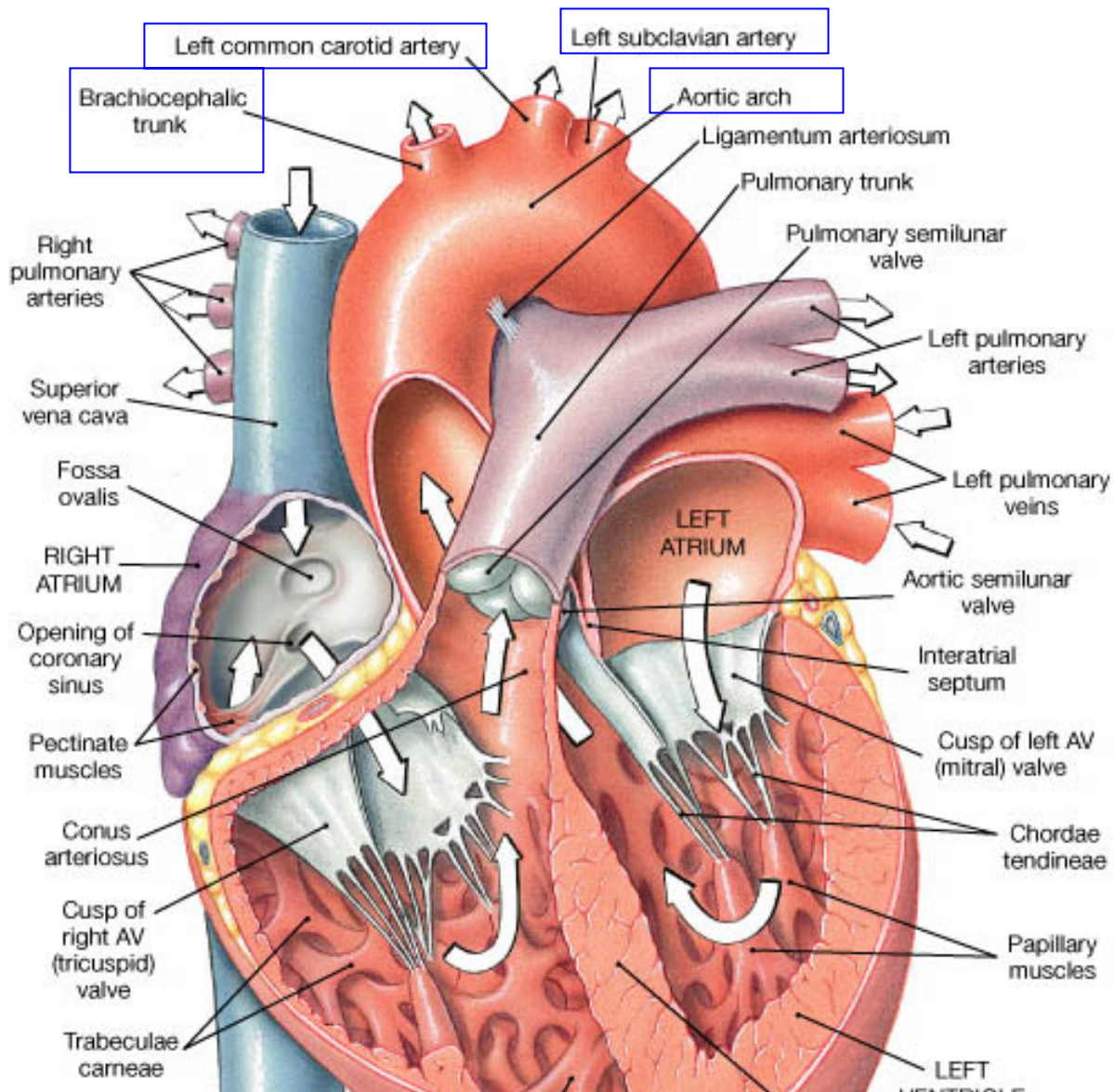


Fig
21.6

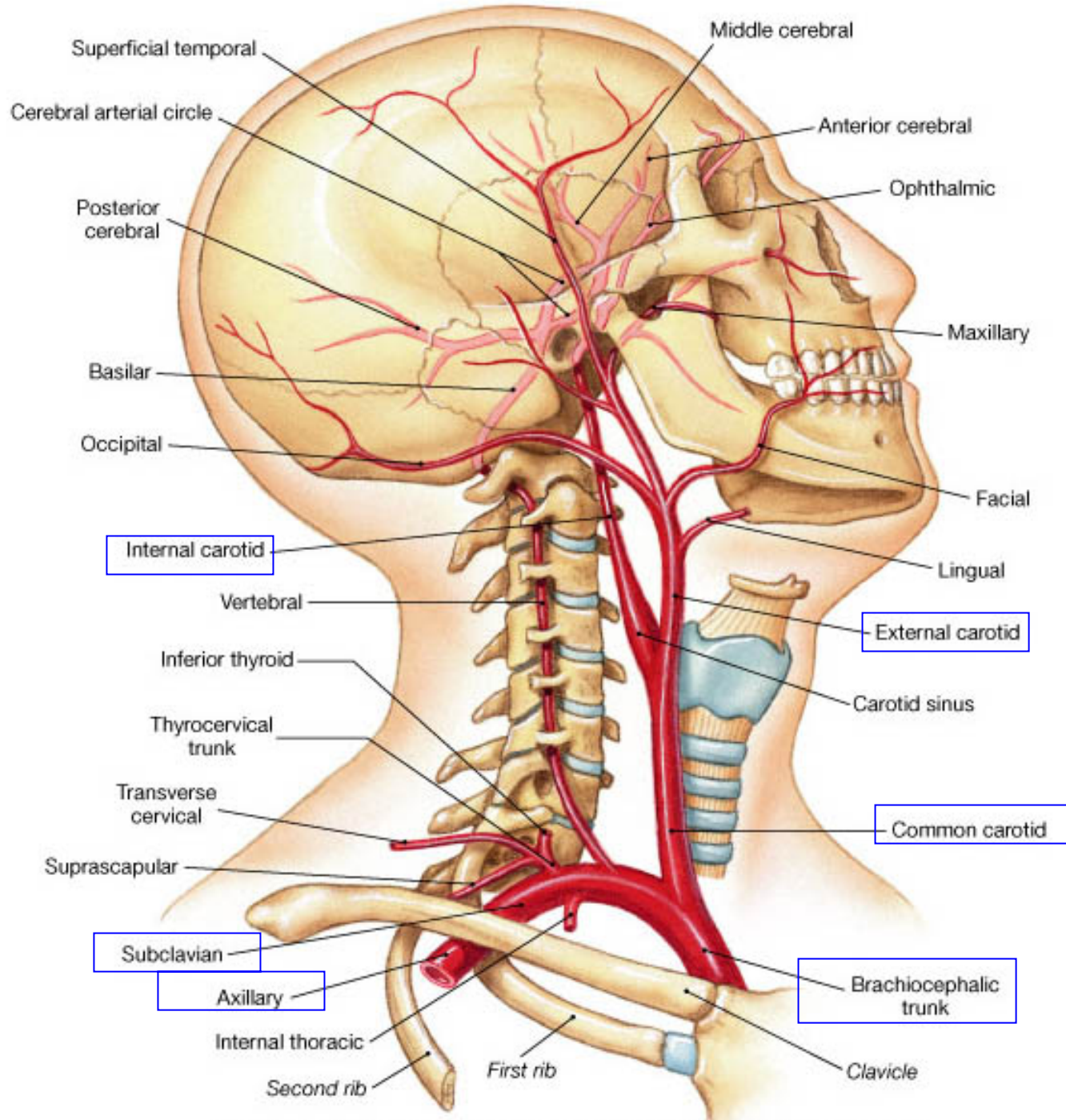
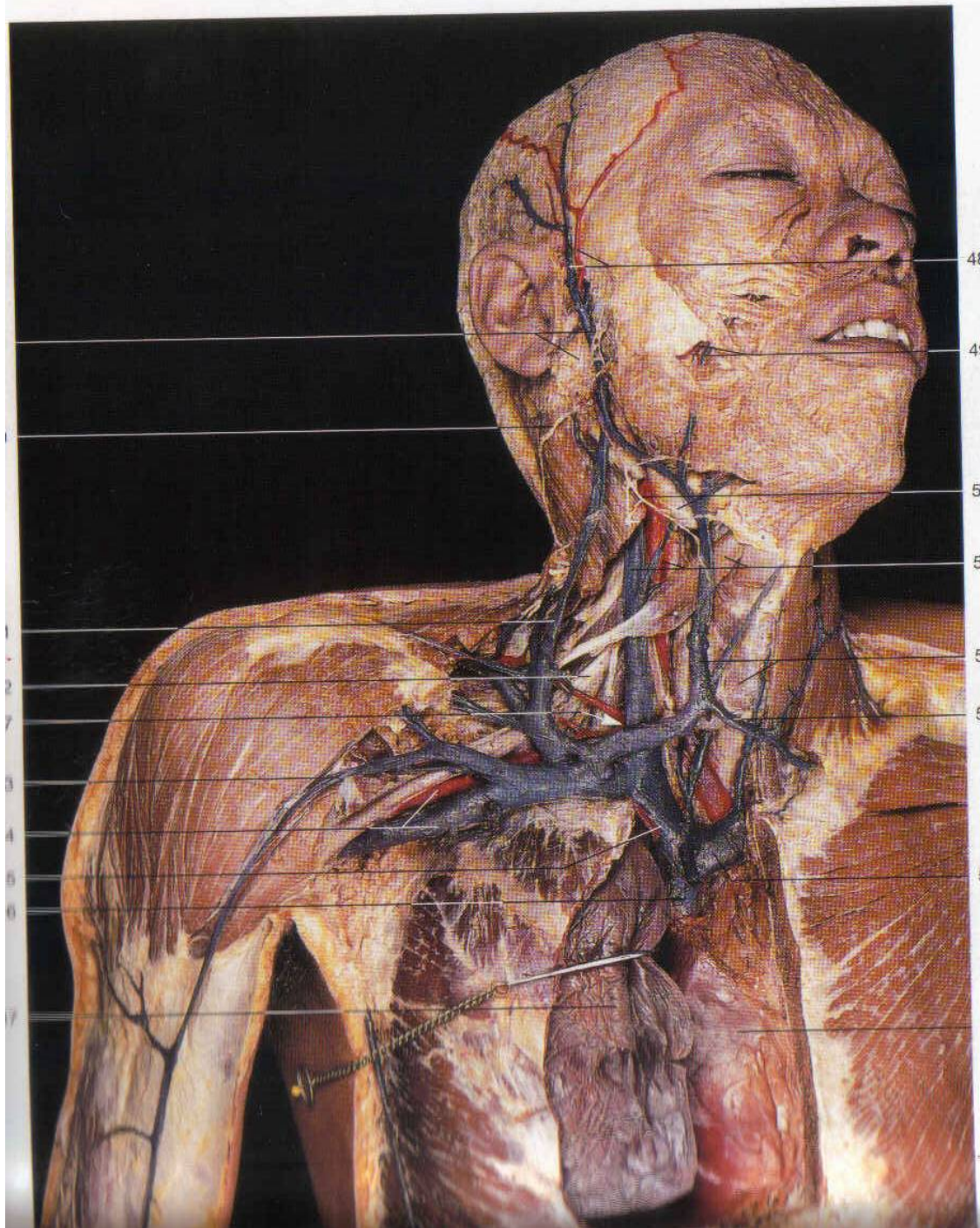


Fig
22.13

(a) Arteries of neck and head, an oblique lateral view from the right side



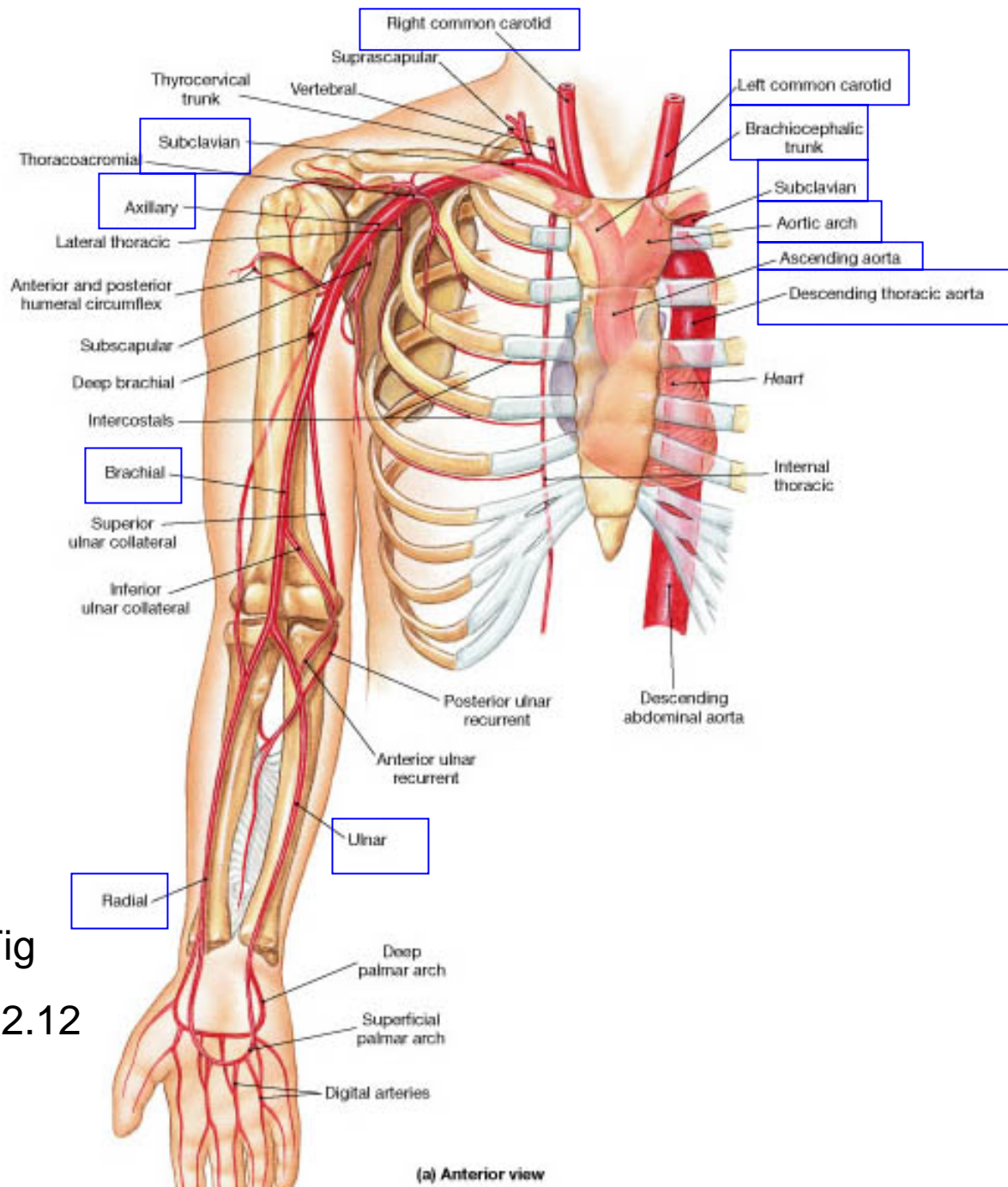
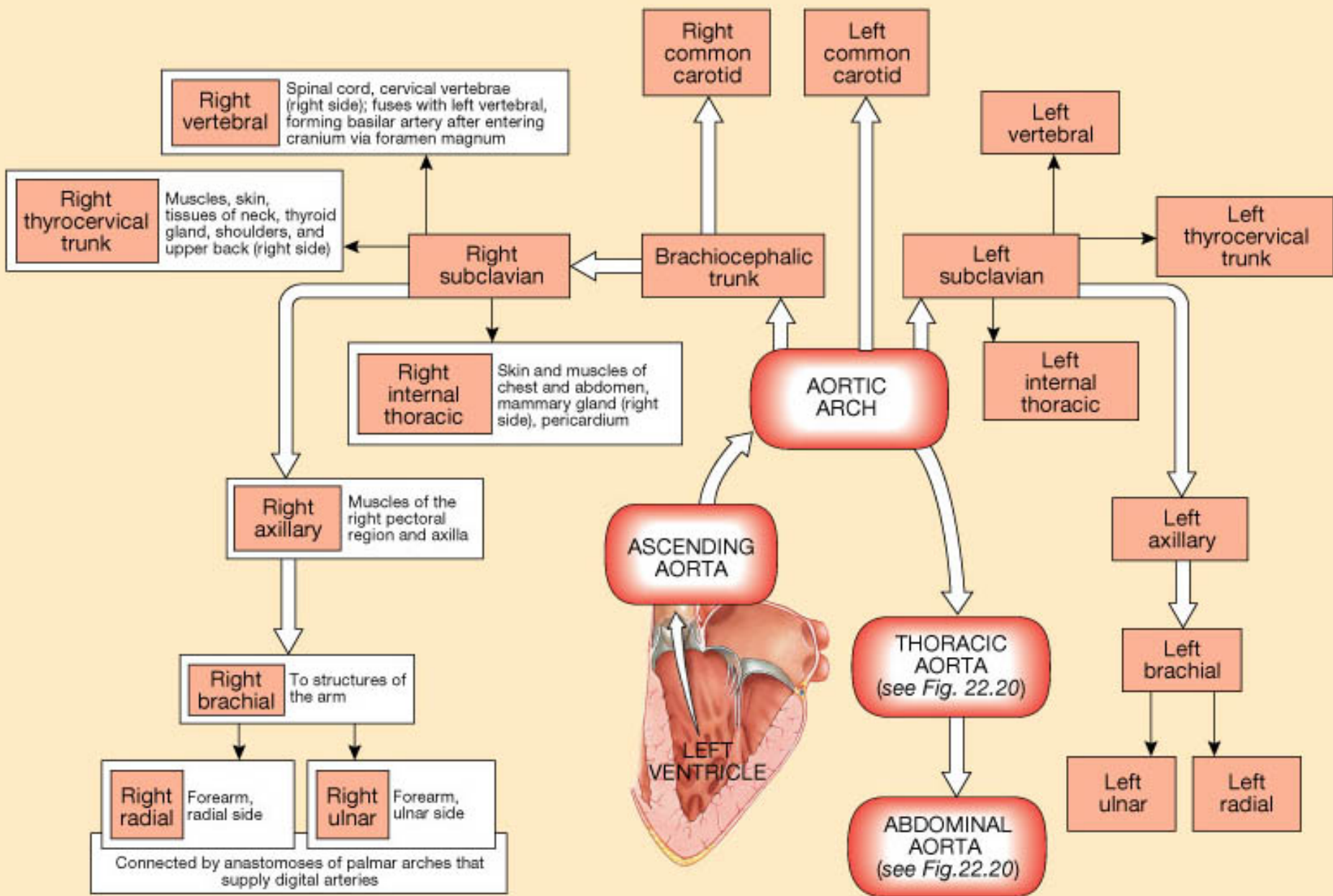


Fig
22.12

(a) Anterior view



(d)

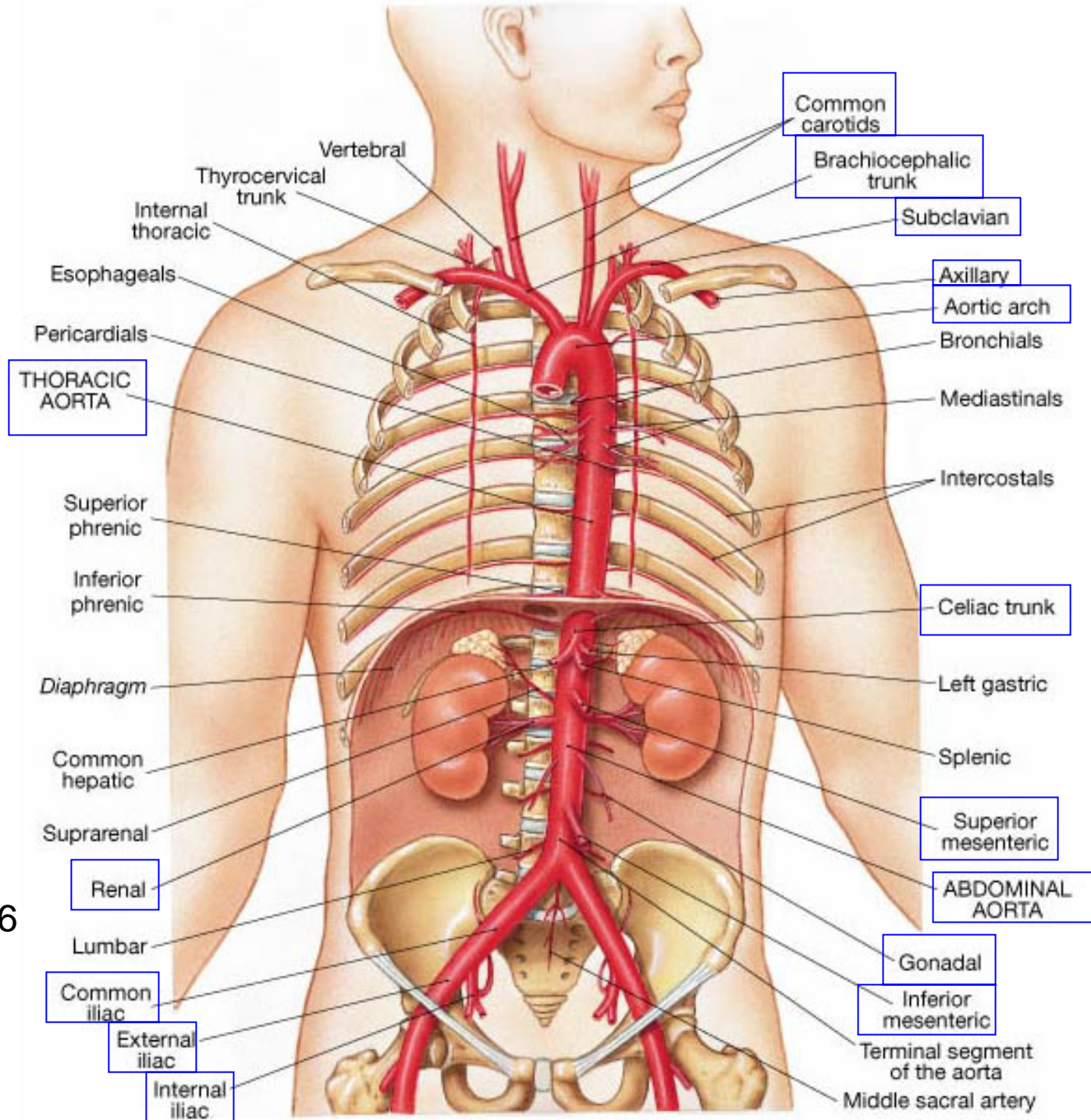


Fig
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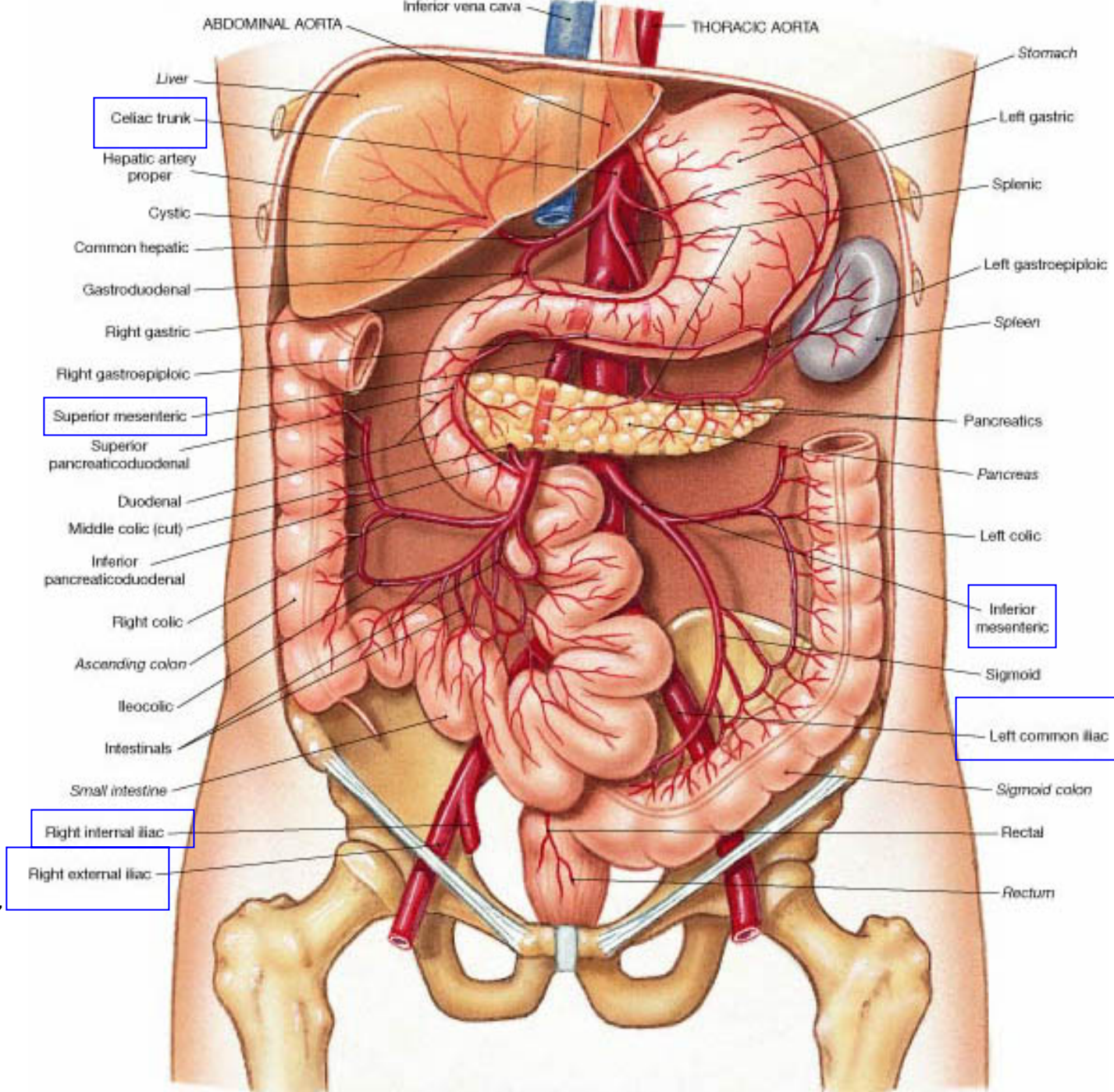
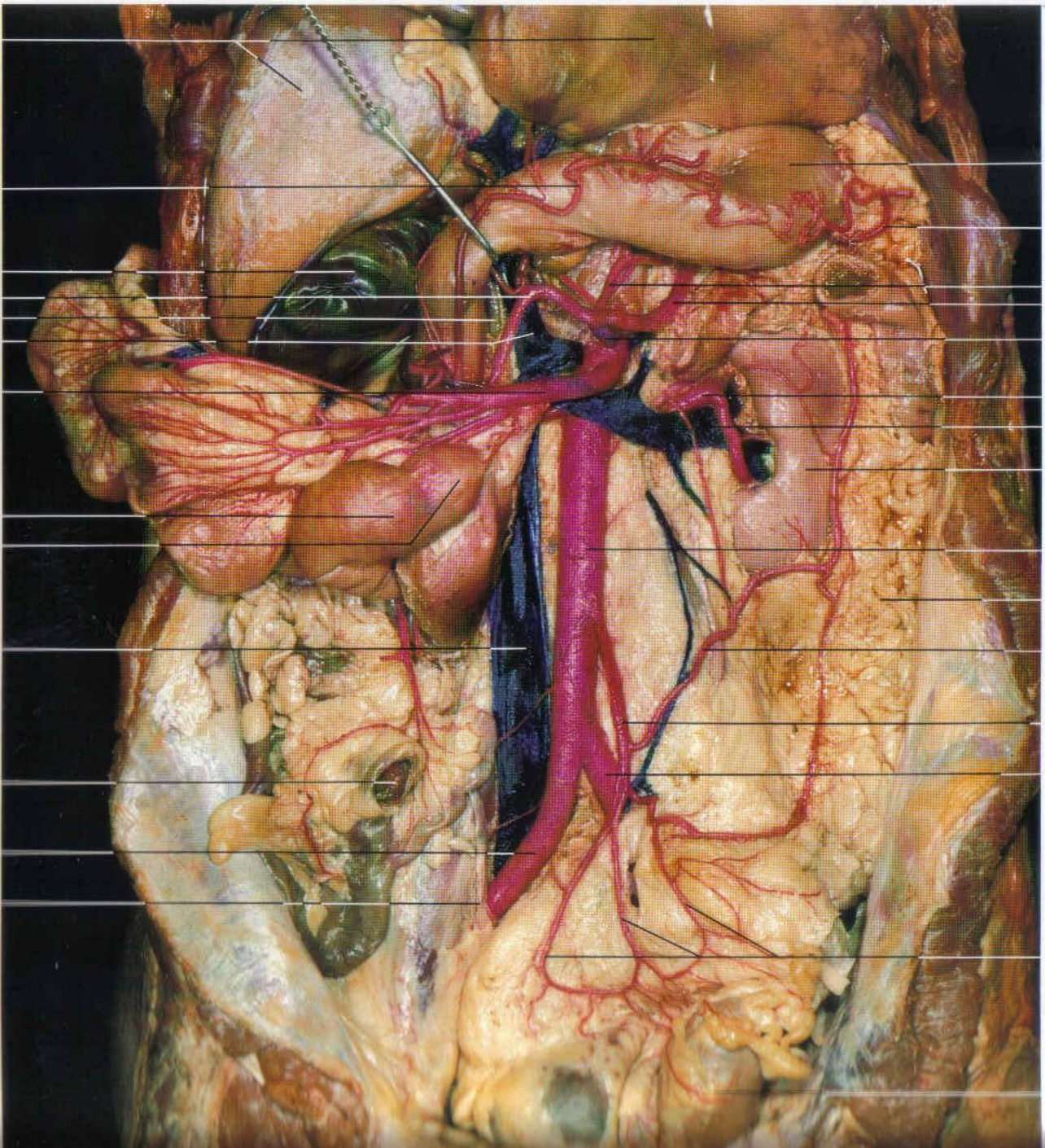


Fig
22.17

(b) Arteries supplying abdominal organs, anterior view



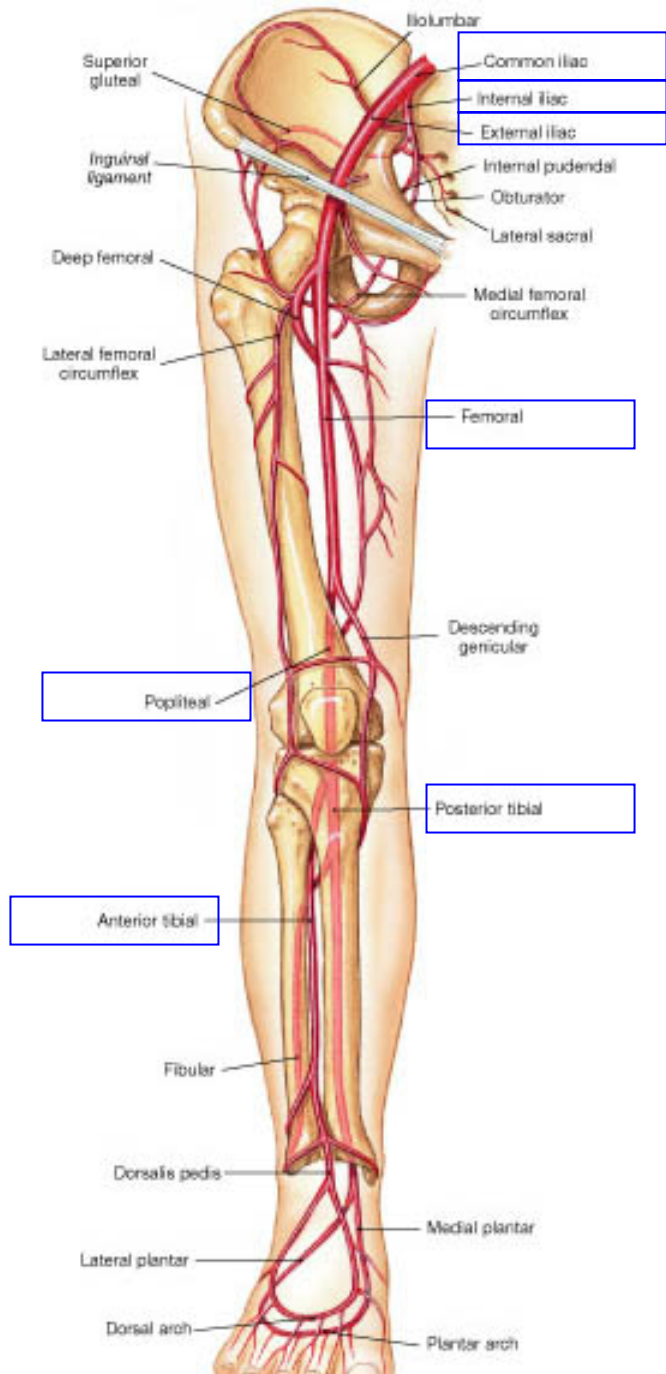


Fig
 22.18

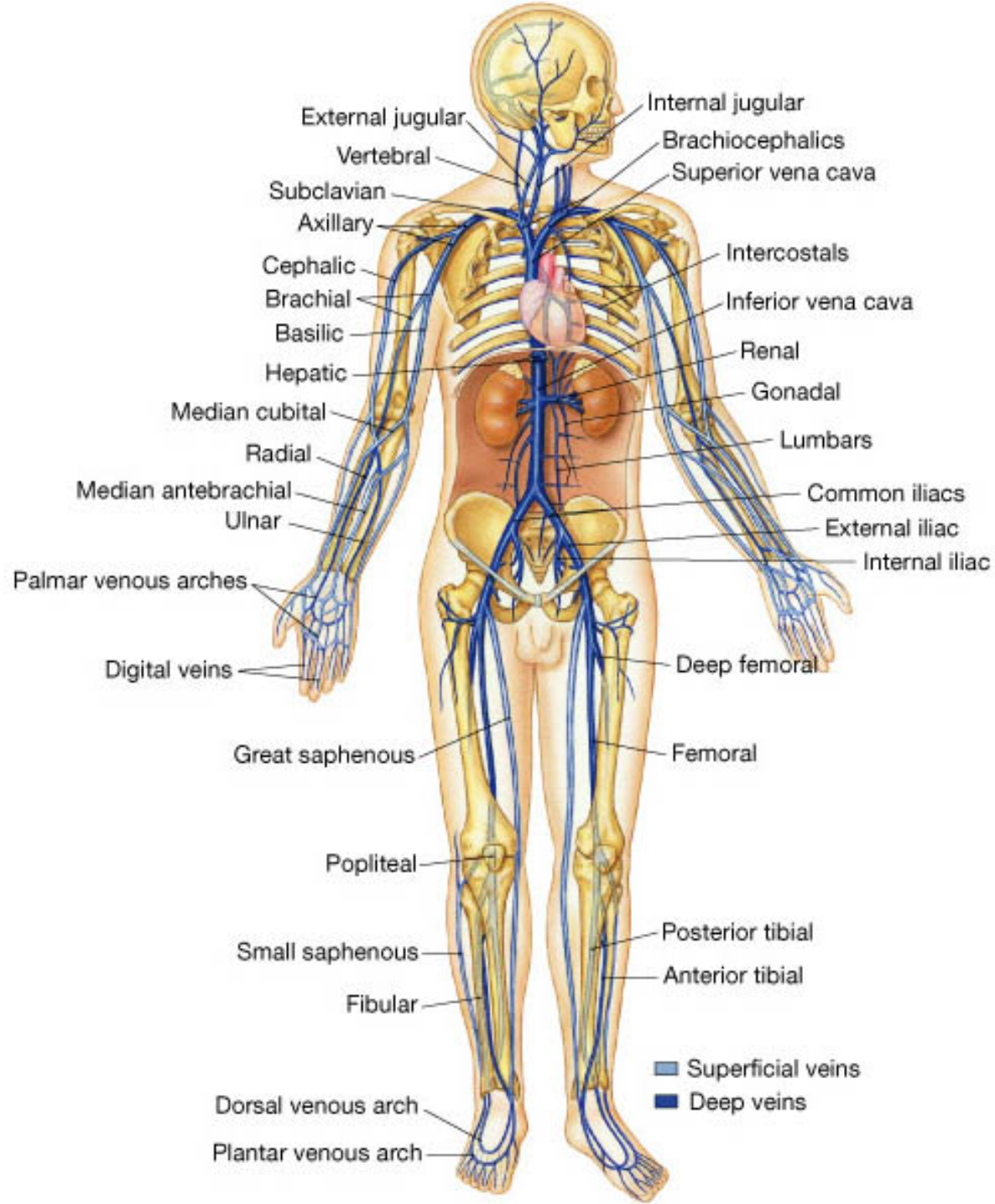


Fig
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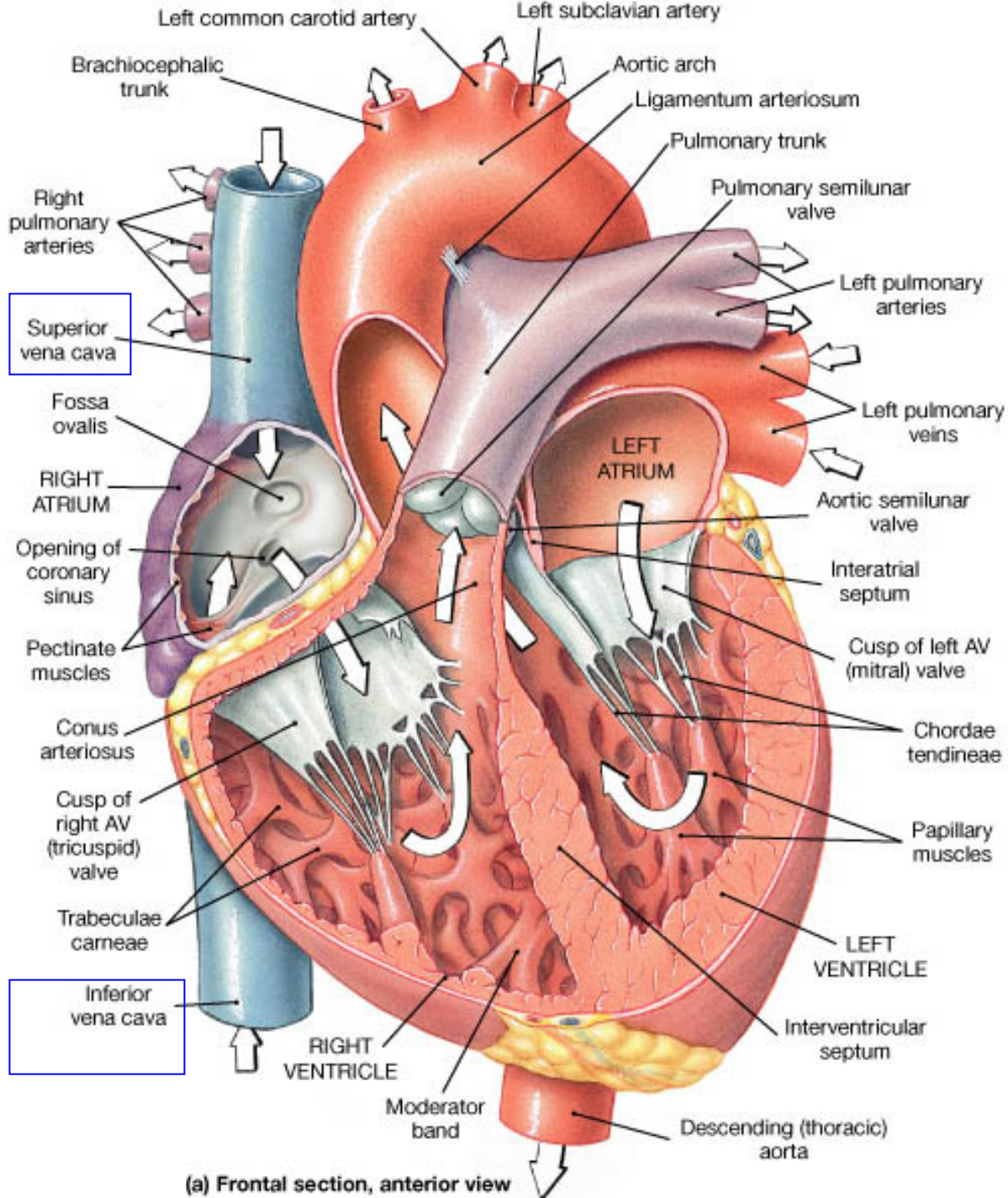


Fig
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(a) Frontal section, anterior view

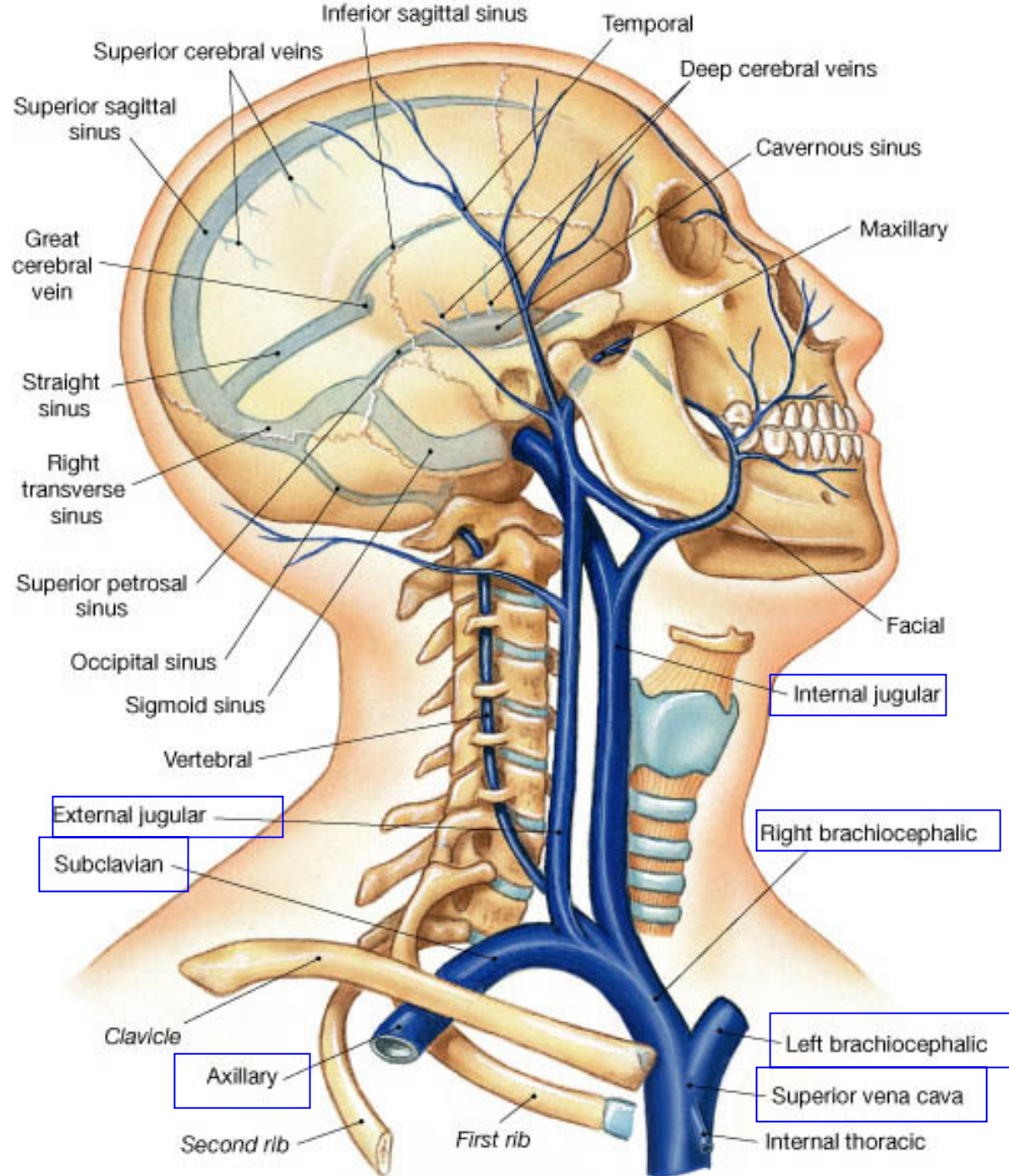
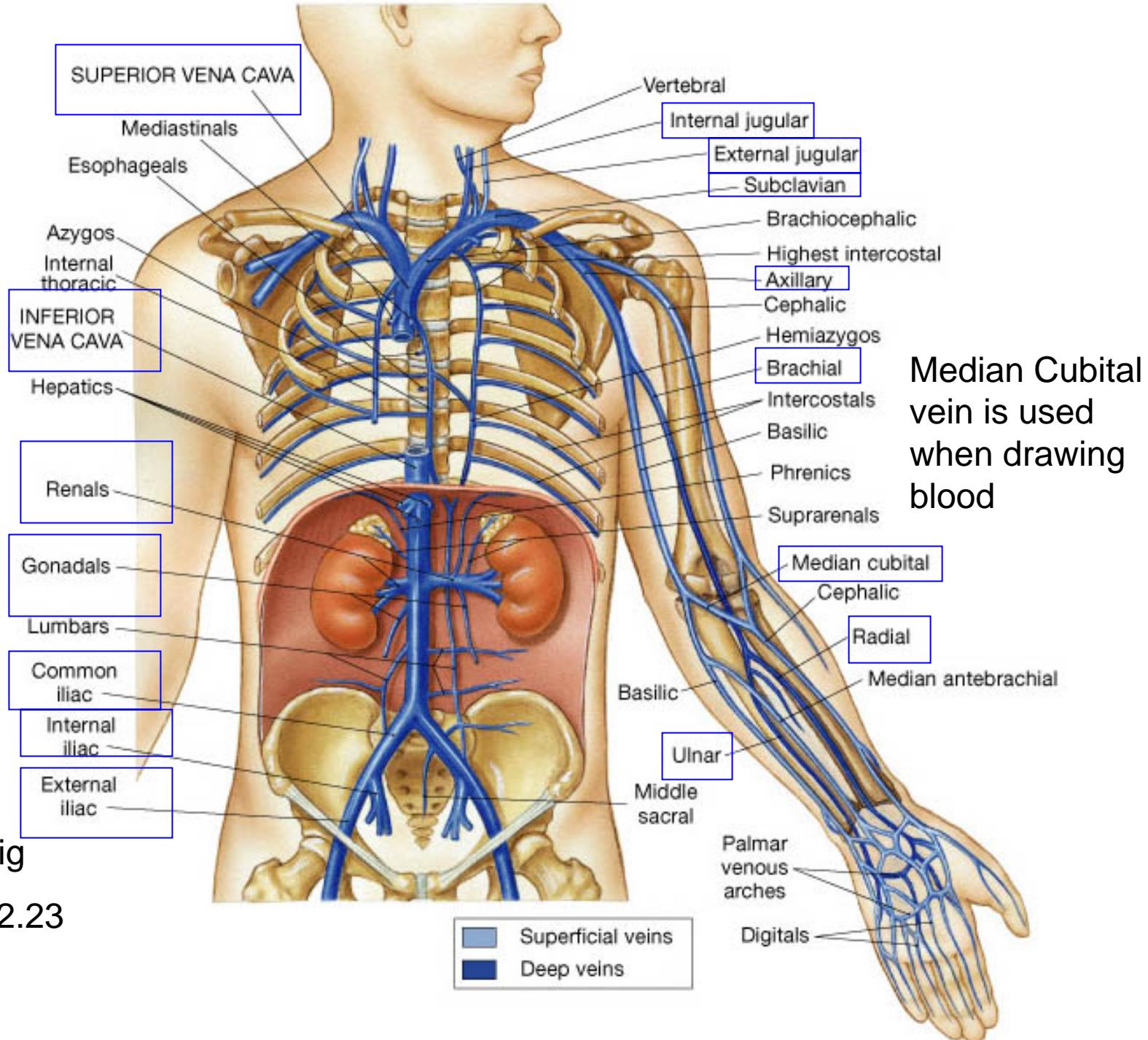


Fig
22.22

(a) Veins of the head and neck, lateral view



Median Cubital vein is used when drawing blood

Fig 22.23

	Superficial veins
	Deep veins

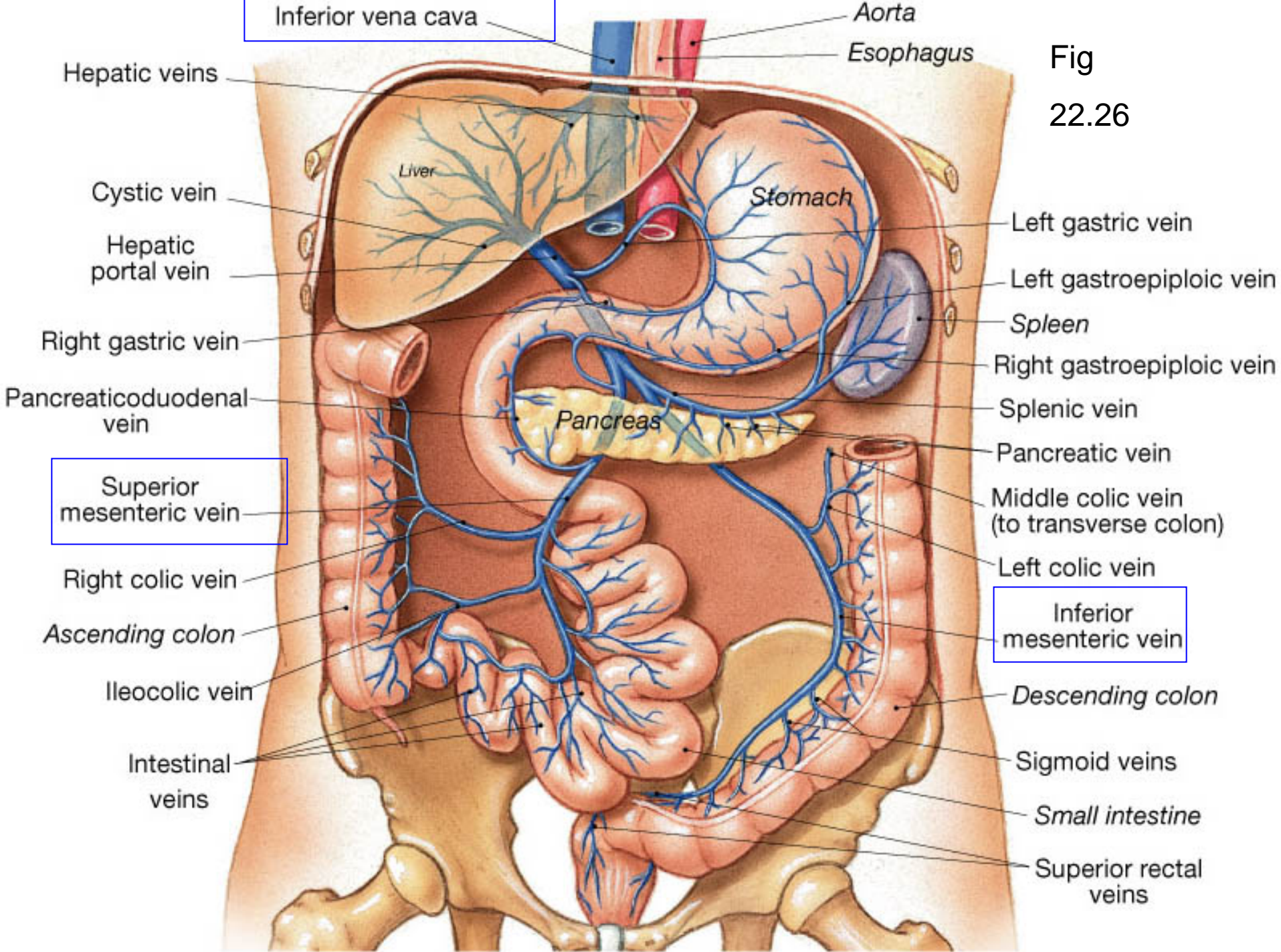


Fig
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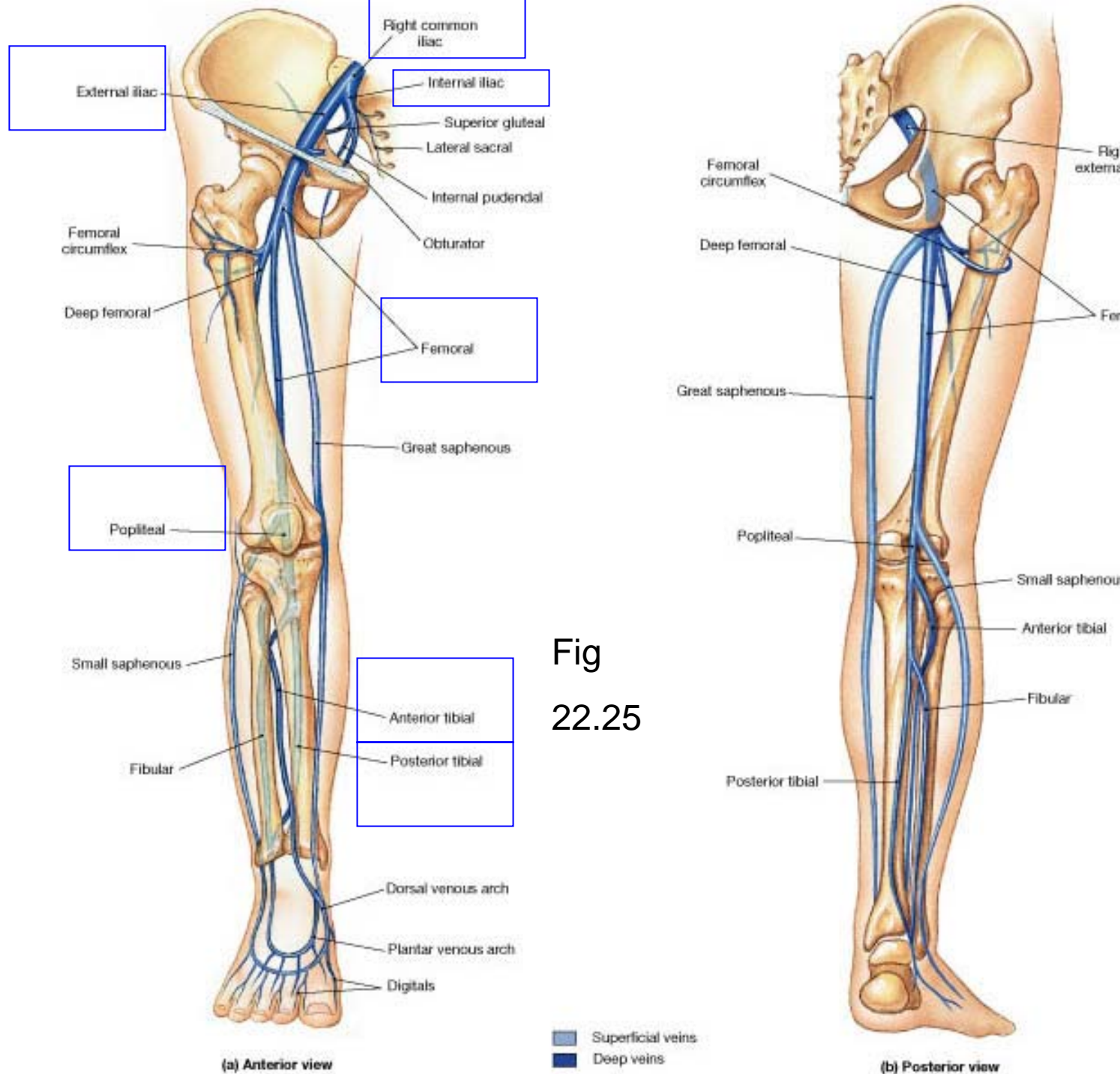


Fig 22.25

