

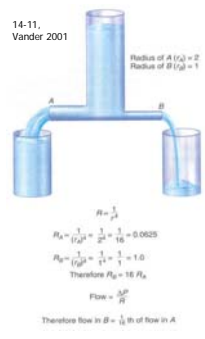
Lecture 26
24 March 2008

Vertebrate Physiology
ECOL 437 (MCB/VetSci 437)
Univ. of Arizona, spring 2008

Kevin Bonine & Kevin Oh

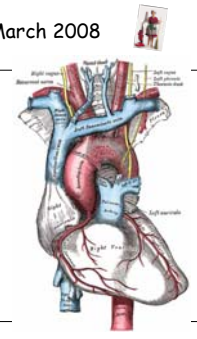
1. Circulation (Ch 23)

http://eebweb.arizona.edu/eeb_course_websites.htm



Housekeeping, 24 March 2008

Upcoming Readings
Mon 24 Mar: Ch 23
Wed 26 Mar: Ch 23
LAB Wed 26 Mar: no reading
Fri 28 Mar: Ch 23
Mon 31 Mar: Ch 24

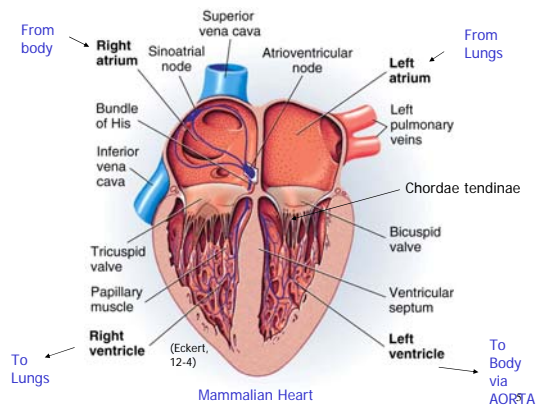
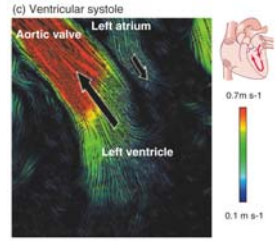


Lab discussion leaders: 09 April
1pm - none
3pm - Nina

Lab discussion leaders: 02 April
1pm - Vangie & Christina
3pm - Prasun & Ajay

Vertebrate Circulation

1. Circulation
2. Heart Muscle
3. Heart Function
4. Diving Response



Vertebrate Circulation (too big for diffusion!)

Heart is main propulsive organ

Arterial system
-distributes blood
-regulates pressure

Capillaries
-transfer between blood and tissues

Venous system
-return blood to heart
-storage reservoir

Divided into Central and Peripheral
Focus on Mammalian Circulation with some exceptions

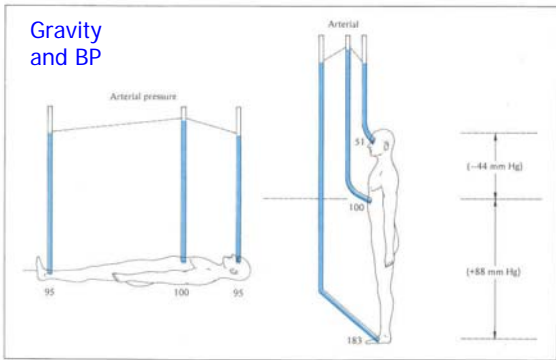
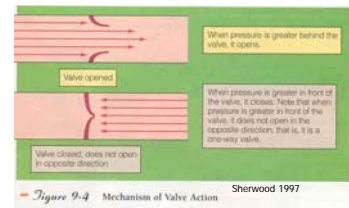


FIGURE 3.15 Arterial and venous pressures in a man as he assumes different postures. The figures indicate the pressures at various points in relation to the pressure in the right atrium of the heart. (1 mm Hg = 0.13 kPa). [Modified from Burton 1972] Knut Schmidt_Nielsen 1997

Circulatory Roles and Components

Valves control direction of blood flow



Smooth muscle controls diameter of peripheral vessels, thereby altering resistance and flow to different tissues

Circulatory Roles and Components

- Gases (CO₂, O₂)
- Nutrients
- Waste
- Hormones
- Antibodies
- Salts
- etc.

-Temperature Regulation

-Blood volume 5-10% of body volume

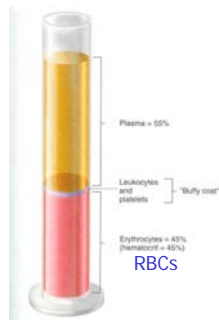


FIGURE 14-1 Vander 2001 Measurement of the hematocrit—the percentage of blood volume that is erythrocytes—by centrifugation. The presence of a thin layer of leukocytes and platelets between the plasma and red cells explains why, in this example, the value determined by centrifugation should actually be slightly less than 55 percent.

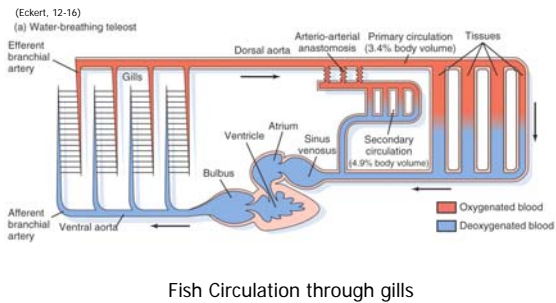
Development of Terrestrial Circulatory System:

gills simple (and linear):

1. Blood goes to gills
2. O₂-rich blood goes to tissues
3. O₂-poor blood goes to heart
4. Blood gets pumped back to gills

lungs more complex because get 2 circuits in parallel:

1. Pulmonary circuit (lower pressure)
2. Systemic circuit (higher pressure)

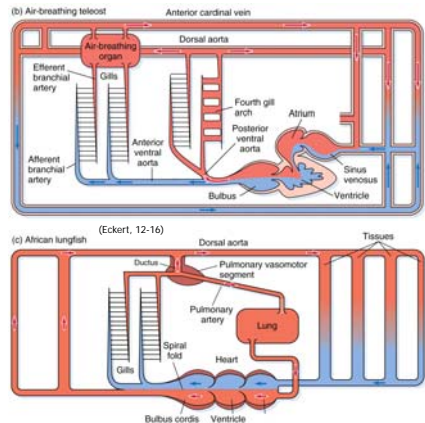


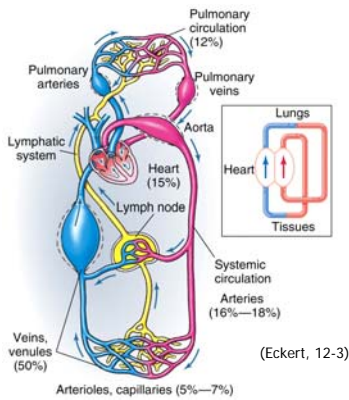
Fish Circulation through gills



Addition of lungs more complicated

Water vs. air





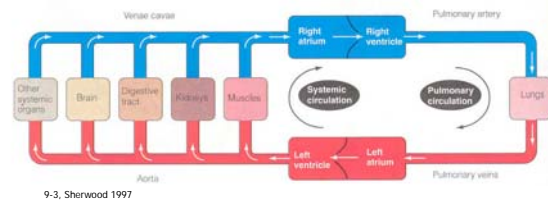
Mammalian Circulation

Two parallel closed circuits:
 1. Pulmonary (lower press.)
 2. Systemic

Note venous reservoir

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Tissue Beds in Parallel, not Series



9-3, Sherwood 1997

All cells within 2-3 cells of a capillary
 Can control amount of flow to each tissue independently

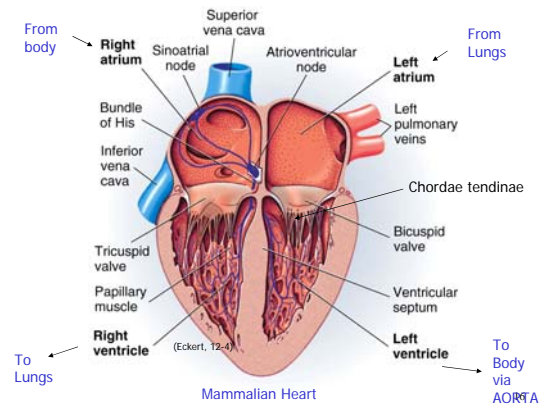
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In addition to Heart,

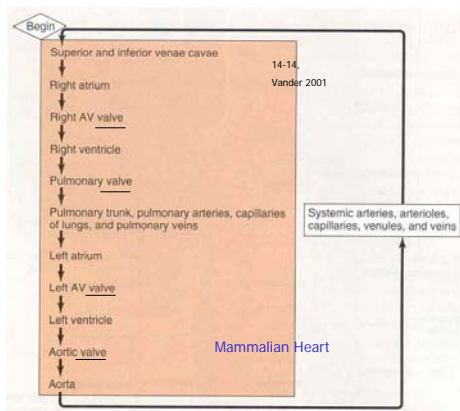
Blood also moved via

1. Elastic recoil of arteries
2. Squeezing of vessels during body movement
3. Peristaltic contractions of smooth muscle in vessels

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No valves as Enter Atria



Non-Mammalian Heart Examples:

Amphibians and Reptiles (except crocodilians) with 3 chambers (= one ventricle, two atria)

- incomplete ventricular septum
- BUT separate rich and poor blood
- AND alter pressure in systemic and pulmonary
- able to alter flow to systemic or pulmonary circuit

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Cardiovascular System

Amphibians:

only vertebrates where O_2 poor blood to skin (as well as to lungs)

adults with paired pulmocutaneous arteries divide into two branches
 1. Pulmonary
 2. Cutaneous (to flanks and dorsum)

skin provides 20-90% O_2 uptake
 30-100% CO_2 release

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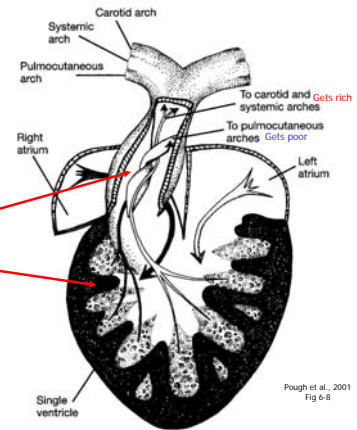
Cardiovascular System

FROG Heart

conus arteriosus w/ spiral valve

trabeculae (create channels)

role of Tb and HR



Cardiovascular System

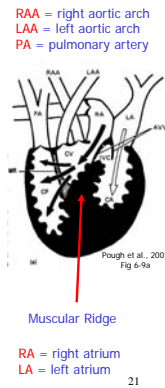
Reptilian Heart (not crocs)

(no conus arteriosus, no spiral valve)

2 systemic arches and one pulmonary artery from single ventricle

BUT, single ventricle functions as THREE

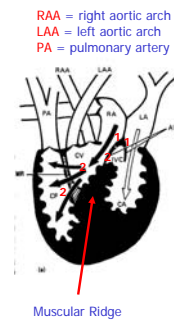
3-chambered heart anatomically
 5-chambered heart functionally



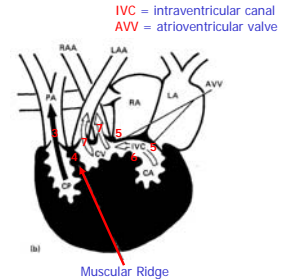
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Reptilian Heart (not crocs) not "primitive"

3-chambered heart anatomically
 5-chambered heart functionally



Muscular Ridge



Muscular Ridge

CP = cavum pulmonale
 CV = cavum venosum
 CA = cavum arteriosum

Pough et al., 2001 Fig 6-9

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Reptilian and Amphibian Circulation

Cardiac Shunts (in 3-chambered heart)

1. temperature regulation
2. breath holding (diving, turtle in shell, inflated lizards)
3. stabilize O_2 content of blood when breathe intermittently

R to L

O_2 poor to systemic via aortic arches (short delay between valves opening)

L to R

O_2 rich to pulmonary artery (longer delay between valves opening)

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Mammalian fetus:

Ductus arteriosus (R -> L shunt, lung bypass)
 -pulmonary artery to systemic arch
 -when lung inflate resistance down (pulm)
 -when lose placental circ. resistance up (syst)
 -closes at birth

Foramen ovale (interatrial shunt R -> L)

-hole in wall between atria
 -closes at birth



Bird chick:

Chorioallantois
= network of vessels under shell surface

Interatrial septum
-R -> L shunt, lung bypass
-closes after hatching

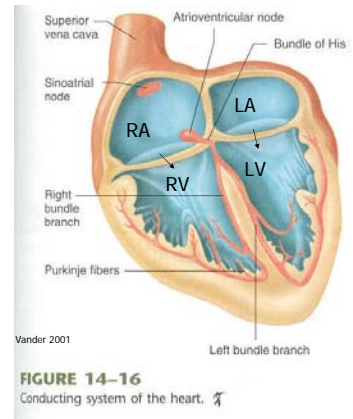


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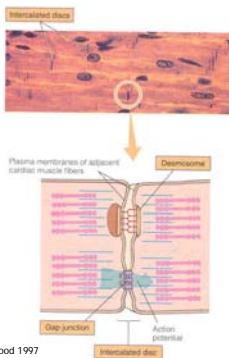
Electrical Activity in the Mammalian Heart



Influenced by autonomic NS



Vander 2001
FIGURE 14-16
Conducting system of the heart. ↗



Sherwood 1997

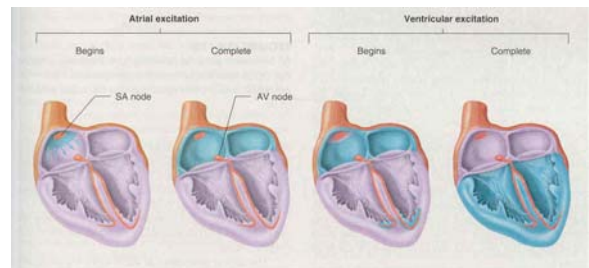
Figure 9-8 Organization of Cardiac Muscle Fibers. Adjacent cardiac muscle cells are joined end to end by intercalated discs, which contain two types of specialized junctions: desmosomes, which act as spot welds mechanically holding the cells together, and gap junctions, which permit action potentials to spread from one cell to adjacent cells.

Cardiac Cells electronically linked by Gap Junctions

(except from atrial to ventricular cells...)

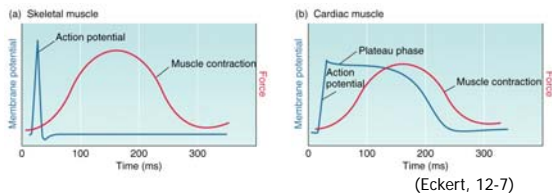
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Electrical Activity in the Mammalian Heart



Vander 2001
FIGURE 14-17
Sequence of cardiac excitation. The blue color denotes areas that are depolarized. Impulse spread from right atrium to left atrium is via the atrial muscle cells where the atria contact each other in their shared wall. Adapted from Ruthven.

Recall AP and refractory period differences...



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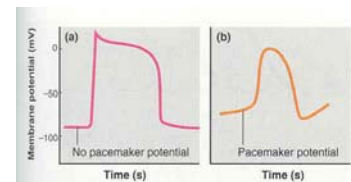
Types of Cardiac Cells:

A. Contractile

B. Conducting

- ~ autorhythmic
- SA node
- AV node
- ~ fast-conducting

Internodal
Interatrial
Bundle of His
Purkinje
Etc.



Vander 2001
FIGURE 14-19
Comparison of action potentials in (a) a ventricular muscle cell (from Figure 14-18) and (b) a sinoatrial (SA)-nodal cell. The most important difference is the presence of the pacemaker potential in the SA node.

Types of Cardiac Cells:

A. Contractile

B. Conducting

- 1° autorhythmic

SA node
AV node

- 1° fast-conducting

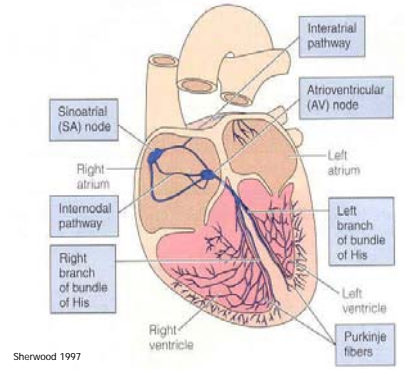
Internodal
Interatrial
Bundle of His
Purkinje
Etc.

Pacemakers:

-Normally HR driven by SA node

-Others are Latent pacemakers

-Called Ectopic pacemaker when node other than SA driving HR



Sherwood 1997

Figure 9-11 Specialized Conduction System of the Heart

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Sherwood 1997

Figure 9-12 Different Autorhythmic Rates (a) Recording from autorhythmic cell A. (b) Recording from autorhythmic cell B. Because A has a faster rate of depolarization, it reaches threshold more quickly than Cell B and therefore generates action potentials more rapidly.



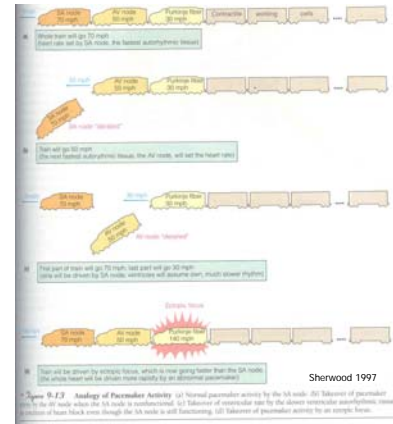
Tissue	Action Potentials Per Minute*
SA node (normal pacemaker)	70-80
AV node	40-60
Bundle of His and Purkinje fibers	20-40

*In the presence of parasympathetic activity; see p. 206.

Sherwood 1997

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The Heart Rate Train



SA

AV

other

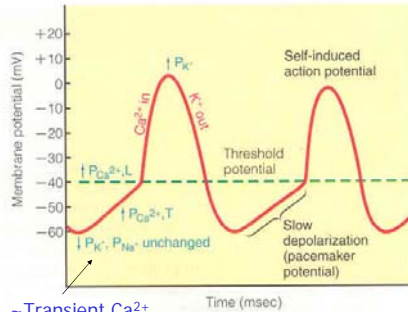
oops

Sherwood 1997

Figure 9-13 Analogy of Pacemaker Activity (a) Normal pacemaker activity by the SA node. (b) Takeover of pacemaker activity by the AV node when the SA node is compromised. (c) Takeover of pacemaker activity by the slower ventricular myocardium when the AV node is also compromised. (d) Takeover of pacemaker activity by an ectopic focus.

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9-11, Sherwood 1997



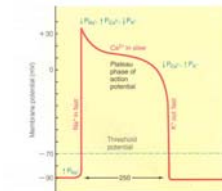
Which way would you alter channel permeabilities to speed or slow HR??

~Transient Ca²⁺ channels

K⁺, Na⁺

Autorhythmic Cardiac Muscle (e.g. SA node)

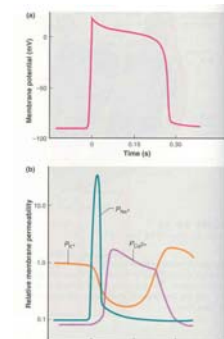
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Sherwood 1997

Figure 9-15 Action Potential in Contractile Cardiac Muscle Cells The action potential in cardiac contractile cells differs considerably from the action potential in cardiac autorhythmic cells (compare with Fig. 9-10). The membrane potential of cardiac contractile cells remains at a resting potential of -90 mV until excited. Similar to most excitable cells, the rising phase of the action potential is caused by a fast Na⁺ influx and the falling phase by a fast K⁺ efflux. Unlike in cardiac autorhythmic cells, the membrane potential is maintained near the peak of the action potential for several hundred milliseconds. This plateau phase of the action potential results from a slow inflow of Ca²⁺ coupled with a marked decrease in K⁺ permeability.

Contractile Cardiac Muscle
Ca²⁺ current maintains plateau



Vander 2001

FIGURE 14-18 (a) Membrane potential recording from a ventricular muscle cell. (b) Simultaneously measured permeabilities of potassium, sodium, and calcium during the action potential of (a).

Cardiac Muscle (the other striated muscle)

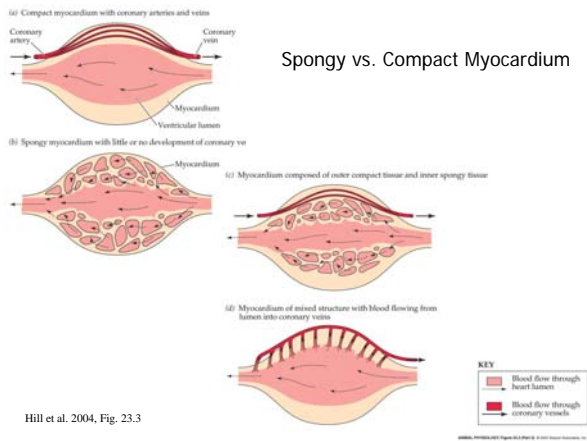
- Small muscle fiber cells with only **one nucleus**
- Individual fibers are **connected** to neighbors **electronically** via **gap junctions**
- Two types of fibers:
 1. **Contractile** (similar to skeletal muscle)
 2. **Conducting** (including **pacemaker cells**)
Do not contract, but **transmit electrical signal**
- Cardiac contraction **myogenic** (arises within heart)
Can be influenced by **autonomic** nervous system
(**alpha, beta adrenoreceptors** increase $[Ca^{2+}]$)
- Long-lasting AP with long plateau phase, and long refractory period - why?

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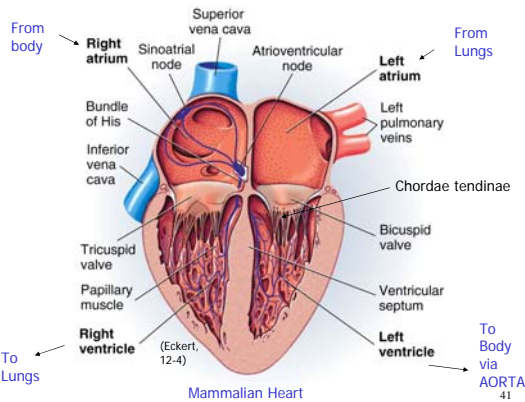
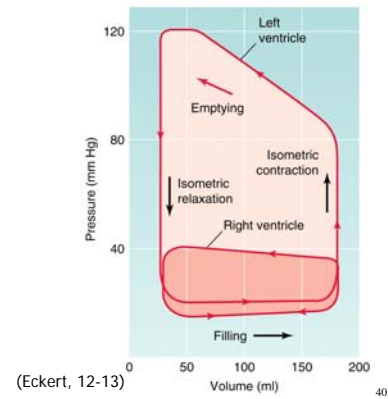
Cardiac Muscle (the other striated muscle)

- Intracellular calcium **from SR and across plasma membrane** (unlike in skeletal)
- Dihydropyridine** receptors in T-tubules are **voltage-activated calcium channels**
- Ryanodine receptors** then release **more calcium from SR** into the cytoplasm (calcium-induced calcium release)
- During relaxation, **Calcium pumped actively** back into SR and out across plasma membrane

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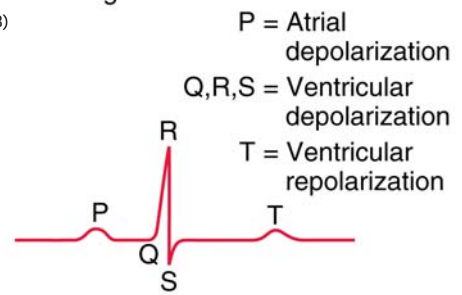


Heart Work Loops

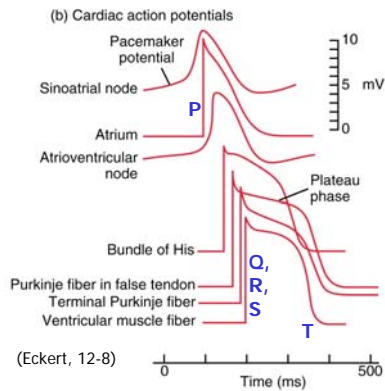


(a) Electrocardiogram

(Eckert, 12-8)



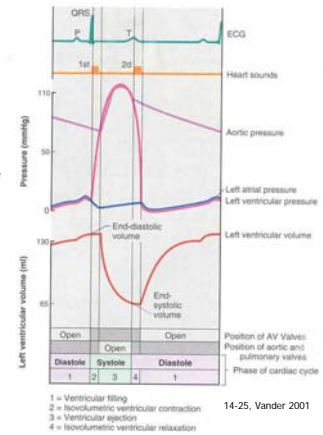
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Wiggers Diagram

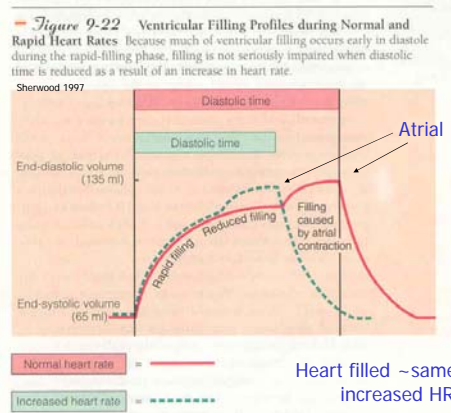
Valves open/close where pressure curves cross



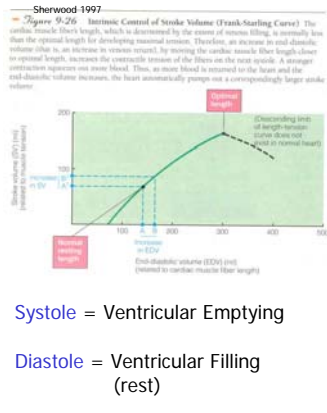
760 mmHg
= 1 atm
= 9.8 m blood

1:2

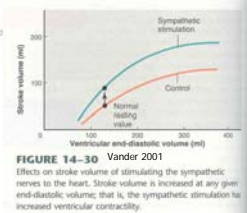
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Frank-Starling Curve



Cardiac Output:

CO = cardiac output (ml/min from 1 ventricle)

SV = stroke volume (ml/beat from 1 ventricle)

= EDV - ESV (end-diastolic - end-systolic volume)

HR = heart rate (beats/min)

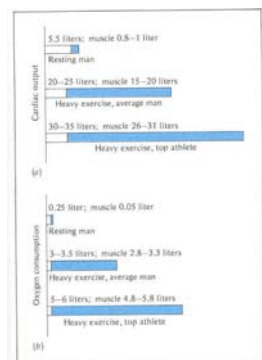
$$CO = HR \times SV$$

$$MABP = CO \times TPR$$

$$MABP = DP + 1/3(SP-DP)$$

- Heart can utilize different types of energy sources (unlike brain)

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Cardiac Output 6x

Exercise

Oxygen Consumption X 20

Figure 3.19 Distribution of total blood flow (cardiac minute volume) (a) and of oxygen consumption (b) between the muscles (shaded bars) and all other parts of the body (unshaded bars). Data for resting man, heavy exercise in a normal man, and heavy exercise in a top athlete. All values are in liters per minute. [Folkow and Neil 1971]

Knut Schmidt-Nielsen 1997

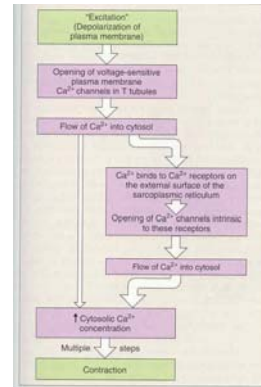
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Cardiac Output Control

Sympathetic speeds heart rate and increases contractility

1. Norepinephrine binds to β_1 adrenergic receptors
2. Increases cAMP levels and phosphorylation
3. Activates cation channels (Na^+) and increases HR
4. Epi and Norepi activate alpha and β_1 adrenergic receptors which increase contractility and rate of signal conduction across heart

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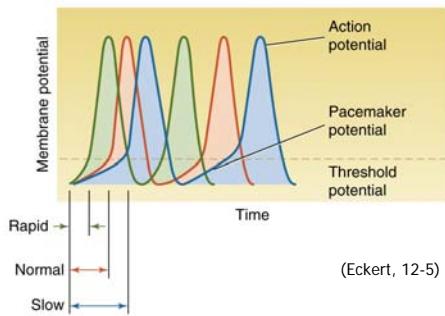
How increase contractility?
More Ca^{2+}

FIGURE 14-22 Vander 2001
Excitation-contraction coupling in cardiac muscle.

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HR control

Parasympathetic vs. Sympathetic



HR control

Parasympathetic slows heart rate

- Innervate Atria (Vagus nerve = Xth cranial nerve)
- Cholinergic (ACh)
- Alter SA node pacemaker potential by $\uparrow \text{K}^+$ permeability
- $\downarrow \text{Ca}^{2+}$ permeability

Parasympathetic innervation of AV node slows passage of signal between atria and ventricles

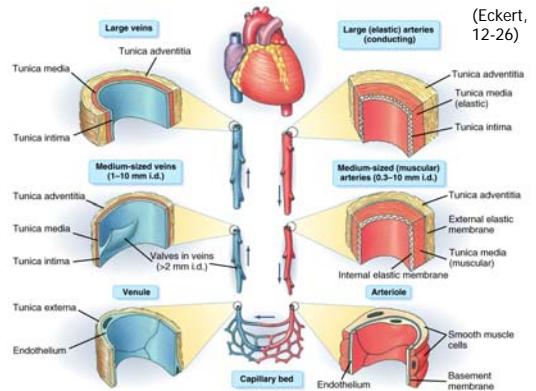
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Peripheral Circulation

- Endothelium lining vessels
- Middle layer with smooth muscle (esp. arteries)
- Outer fibrous layer

Capillaries with ~ only Endothelium

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Peripheral Circulation

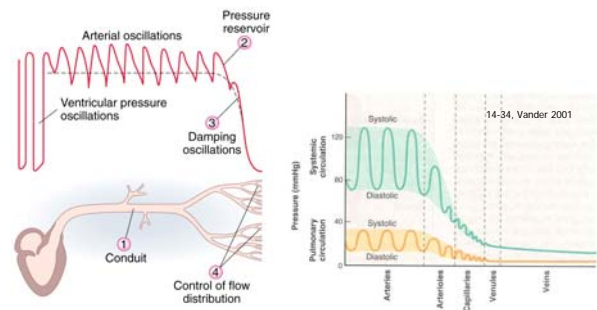
Compliance vs. Elasticity

~ Veins vs. Arteries

Volume Reservoir vs. Pressure Reservoir

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Volume Reservoir vs. Pressure Reservoir



(Eckert, 12-27)

~Constant P and Q at Capillaries!

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Venous System

- low pressure (11 mm Hg or less)
- thin walled veins with less muscle
- more compliant and less elastic
- valves
- blood moved by skeletal muscle (and smooth)
- breathing creates vacuum (low pressure) in chest to aid blood flow to heart

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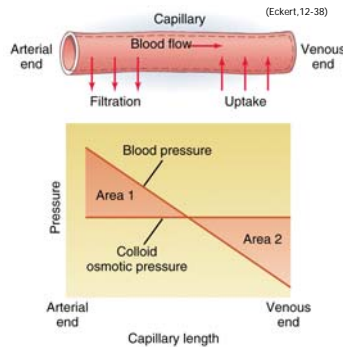
Microcirculation

- endothelium in capillaries is permeable
- 1. continuous
- 2. Fenestrated (kidney, gut)
- 3. Sinusoidal (liver, bone)
- Movement across walls, between walls, in vesicles

- Bulk Flow...

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Bulk Flow...



Fluid Pressure vs. Osmotic Pressure

Faster than diffusion

Filtration > Uptake

Lymph System to return excess fluid

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Bulk Flow...

- Edema
- Starvation
- Lungs
- Kidneys

Lymph System

- No RBCs; therefore not red
- Drains interstitial spaces
- has valves and smooth musculature
- empties into thoracic duct at vena cavae
- transport system for large hormones and fats into blood stream
- filariasis, elephantiasis
- Reptiles and Amphibians with lymph hearts

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Circulatory System Regulation

1. Feed **Brain** and **Heart** First
2. Next Feed Tissues in **Need**
3. **Maintain** volume, prevent edema, etc.

Baroreceptors
 Chemoreceptors
 Mechanoreceptors
 Thermoreceptors

Info. integrated at **Medullary Cardiovascular Center**
 medulla oblongata and pons

Depressor Center → **Parasympathetic** Effectors

Pressor Center → **Sympathetic** Effectors

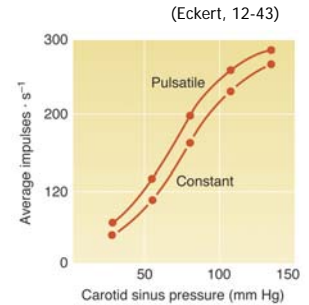
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Circulatory System Regulation

Baroreceptors increase AP firing rate when BP increases

Sensed at **carotid sinus**,
 aortic arch, subclavian,
 common carotid,
 pulmonary

Usually leads to **Sympathetic suppression** to decrease BP



Circulatory System Regulation

Arterial Chemoreceptors in carotid and aortic bodies
 (More details when discuss ventilation)

e.g., low O₂, high CO₂, low pH
 leads to **bradycardia** and **peripheral vasoconstriction**
 (diving and not inflating lungs)

What about when not diving?

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Circulatory System Regulation

Cardiac Mechanoreceptors and Chemoreceptors

Alter heart rate **AND** blood volume

e.g.,
ANP (Atrial Natruiretic Peptide) released in response to **stretch**

- leads to increased **Na⁺ excretion**
 and therefore greater urine output

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Circulatory System Regulation

Extrinsic vs. **Local Control**

↓
 Neuronal or
 Hormonal

Most arterioles with **sympathetic innervation**

Also respond to **circulating catecholamines**:

-At **high** levels, **alpha** adrenoreceptors are stimulated →
vasoconstriction (to increase BP)

-At **low** levels, **beta₂** adrenoreceptors are stimulated →
vasodilation (to increase flow to tissue)

-**Response depends** on tissue type, receptor type(s), level
 of catecholamines (epi, norepi), etc.

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Circulatory System Regulation

Extrinsic vs. **Local Control**

stretch ↙ ↘

temp.
 O₂
 CO₂
 pH
 adenosine
 K⁺

Decreased O₂ levels with
 opposite effect in lungs

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Circulatory System Regulation

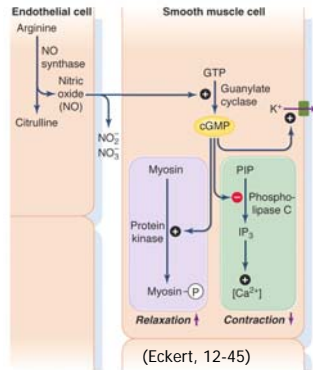
Extrinsic vs. Local Control

NO (nitric oxide)

Released from vascular endothelium:

-Vasodilation
-Relaxation

-Viagra acts by blocking breakdown of cGMP



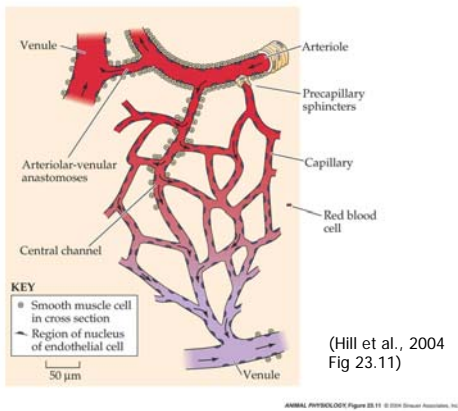
Circulatory System Regulation

Extrinsic vs. Local Control

Histamine

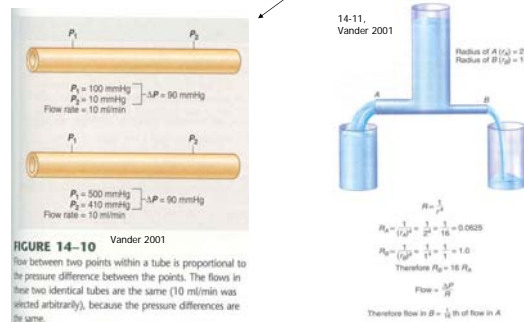
Released in response to injury of connective tissue and leukocytes:

-Vasodilation



Hemodynamics in Vessels

Flow depends primarily on pressure gradient and resistance



Hemodynamics

Use to approximate flow

- Poiseuille's Law:

$$Q = \frac{(P_1 - P_2) \pi r^4}{8L\eta}$$

Flow rate is proportional to Pressure Gradient and radius⁴, and inversely proportional to length and viscosity.

Small change in radius → large change in flow rate

Hemodynamics

- From Poiseuille's Law:

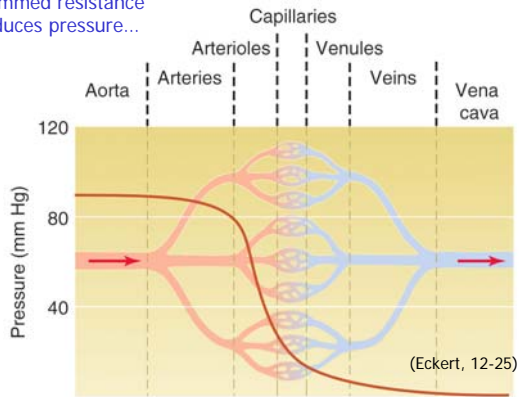
$$R = \frac{(P_1 - P_2)}{Q}$$

$$R = \frac{8L\eta}{\pi r^4}$$

Resistance is proportional to length and viscosity, and inversely proportional to radius⁴.

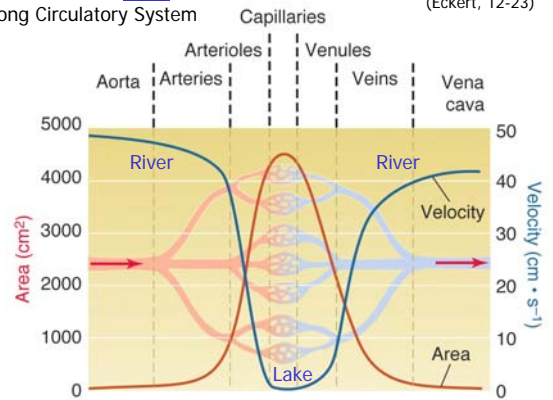
Small change in radius → large change resistance
Modifiable if vessel distensible under pressure

Summed resistance reduces pressure...



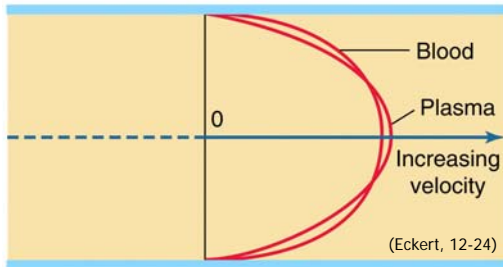
Total Flow Rate same all along Circulatory System

(Eckert, 12-23)



Shapes of curves slightly different because of RBCs (viscosity)

(a) Continuous laminar flow



Why does blood in the lower extremities of aquatic organisms not pool as it may do in legs of humans, giraffes, etc.?

FISH:

Blood tends to pool in tail b/c inertia and compression waves when swimming

- Veins in middle of body
- Accessory caudal (tail) heart in some species

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