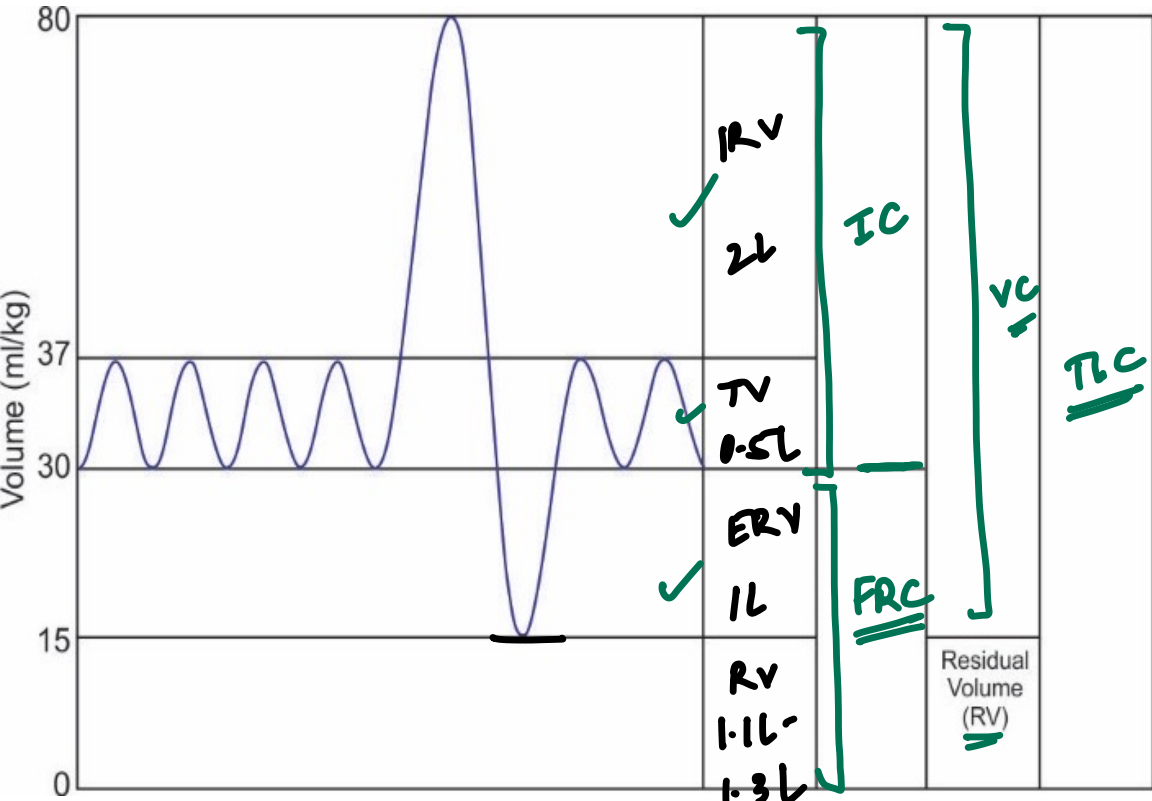


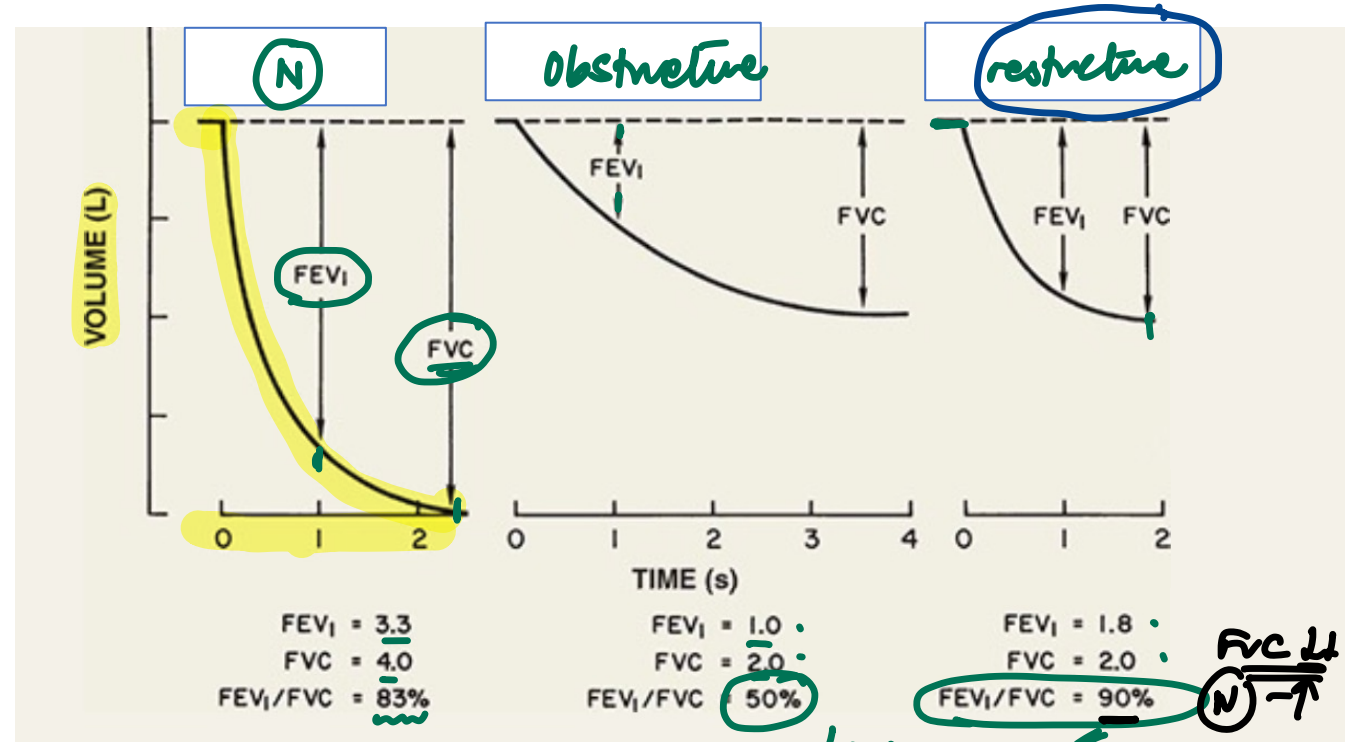
GRAPHS COMPILED

INTEGRATED MODULE

RESPIRATORY SYSTEM



- Body plethysmography
- He dilⁿ
- N washout



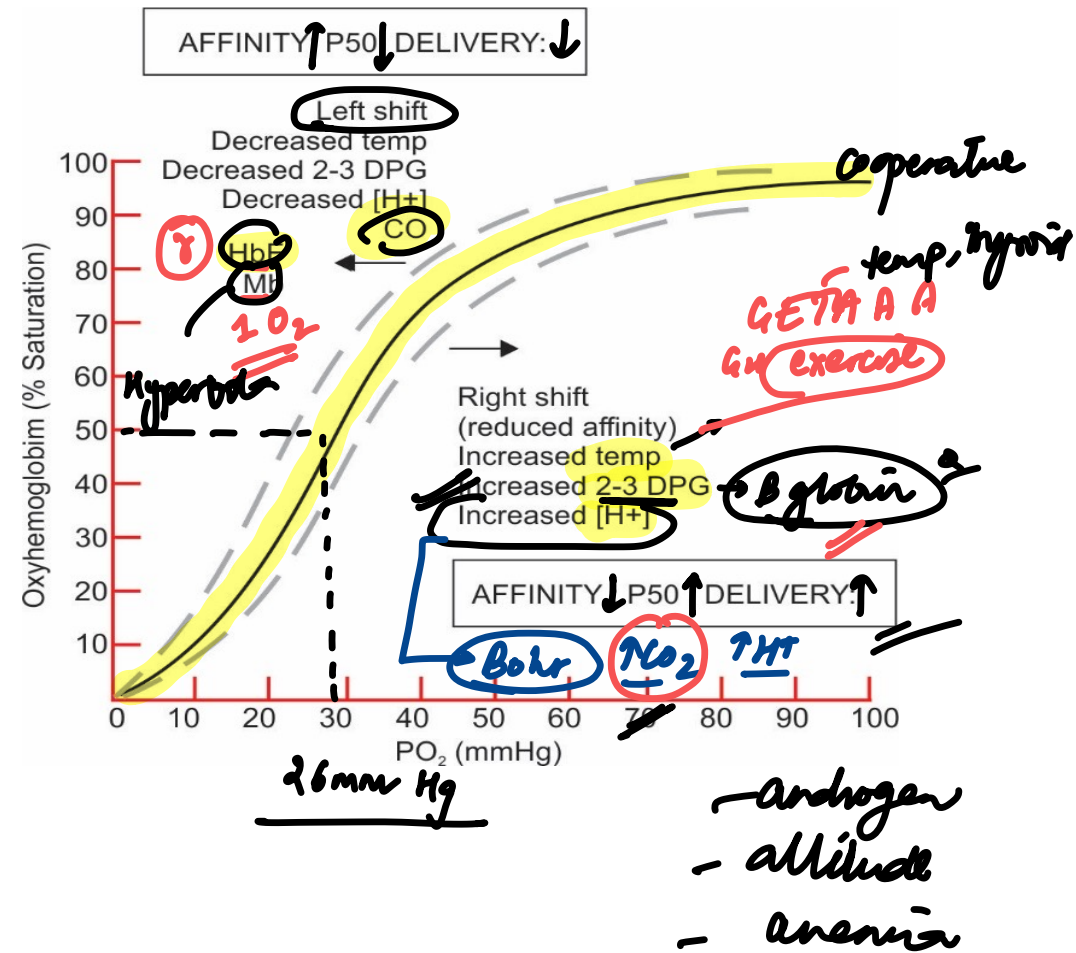
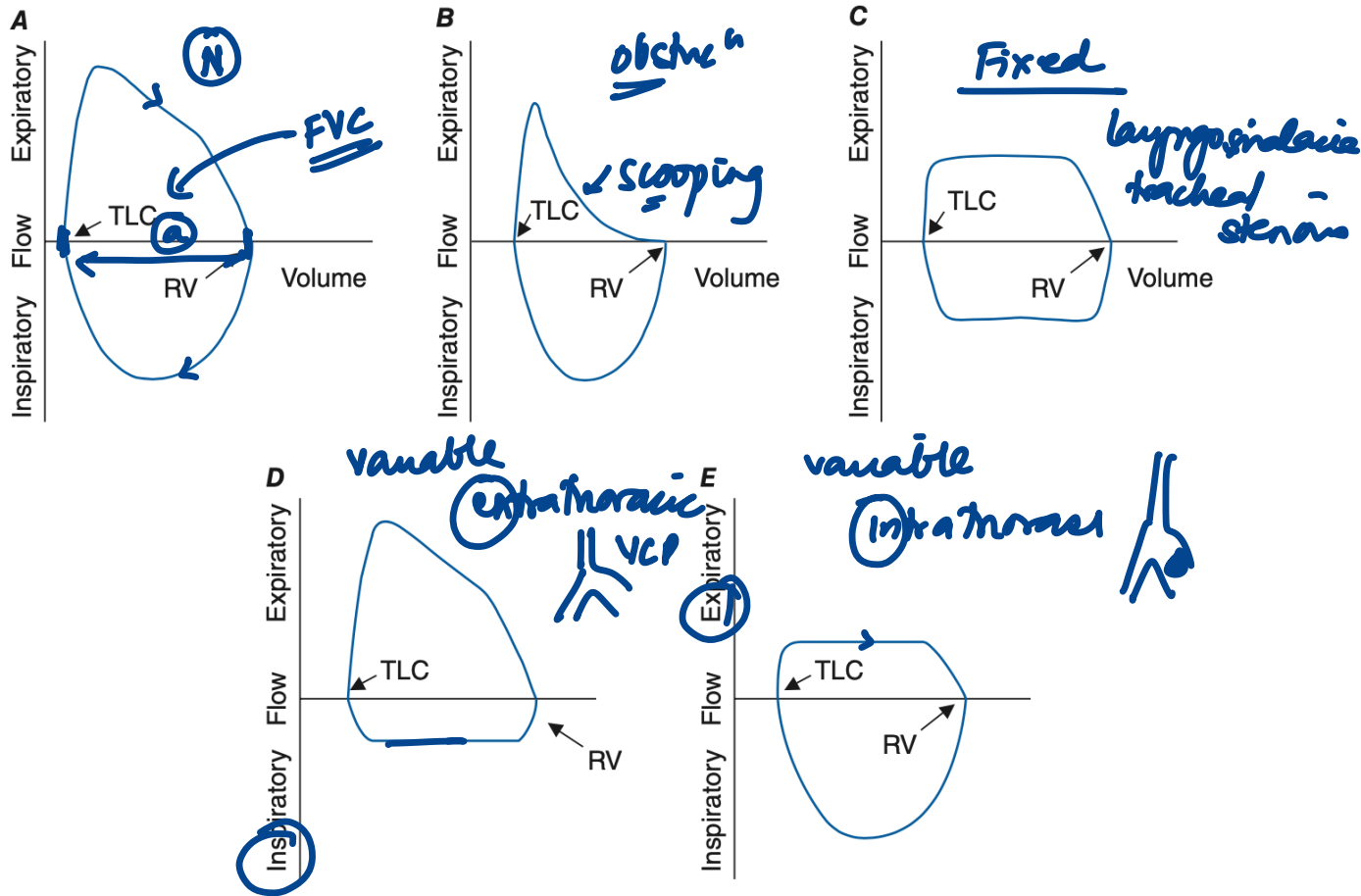
RV: (N) ↑

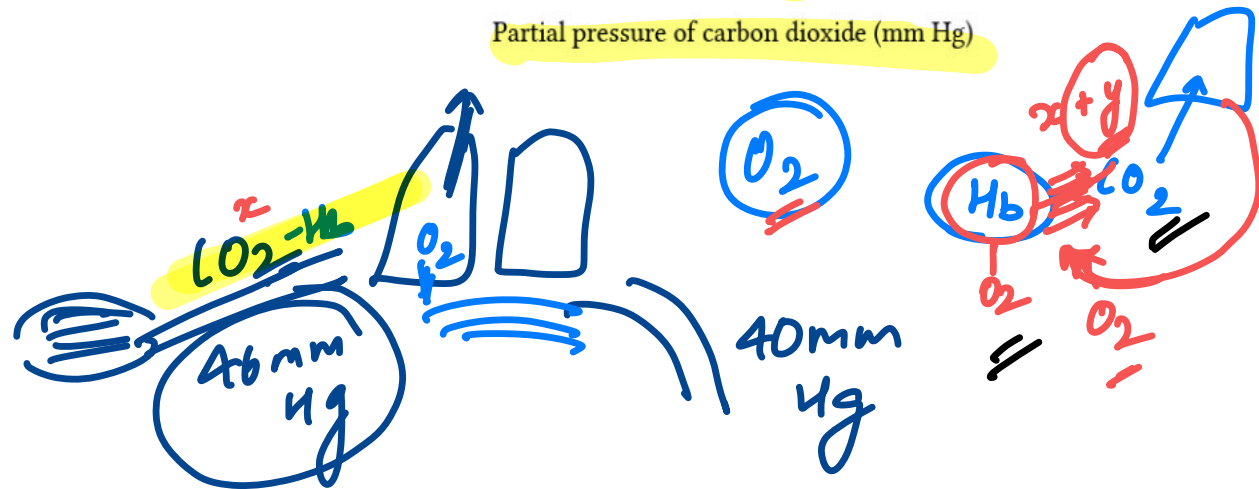
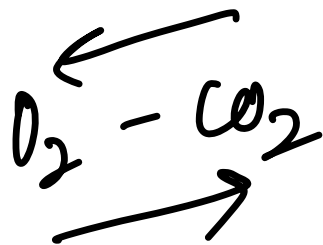
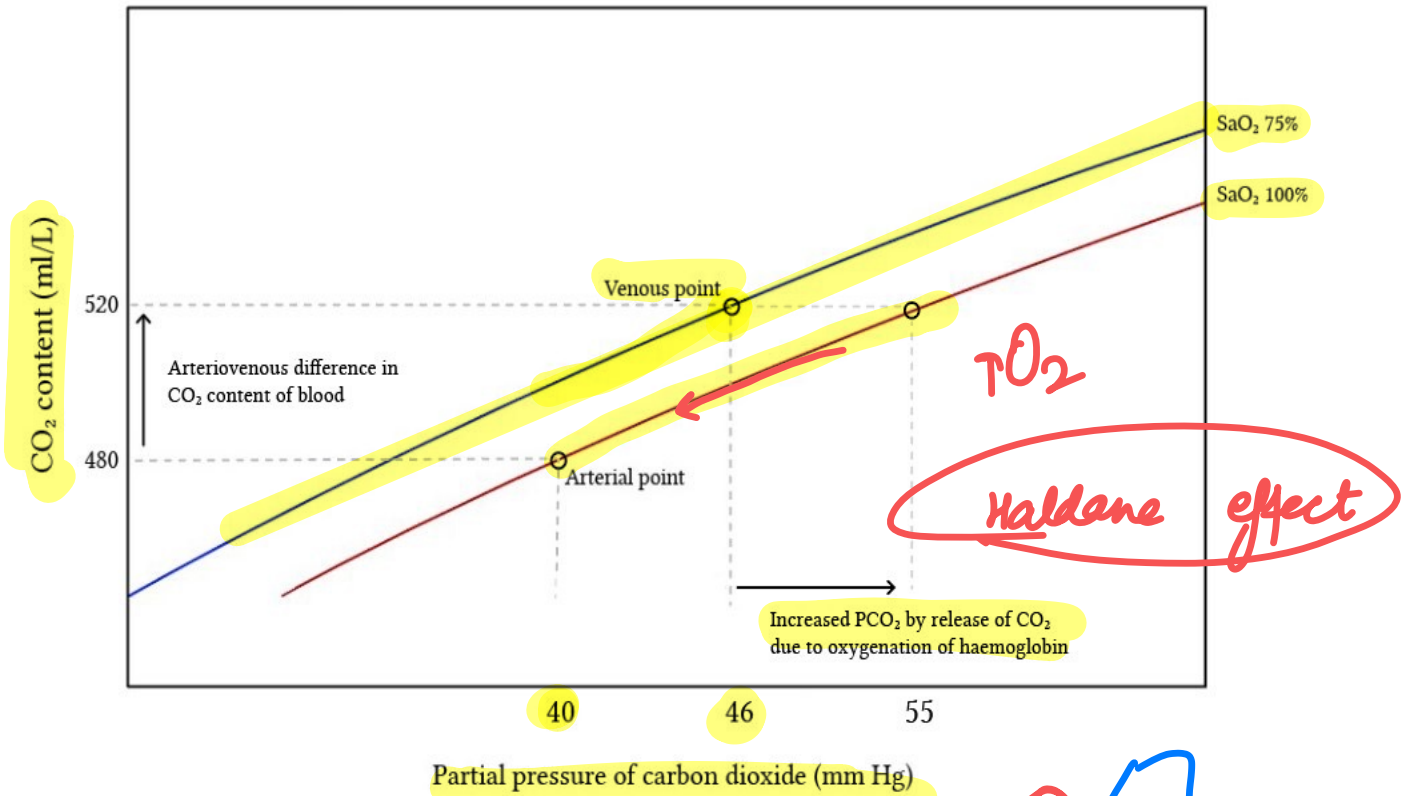
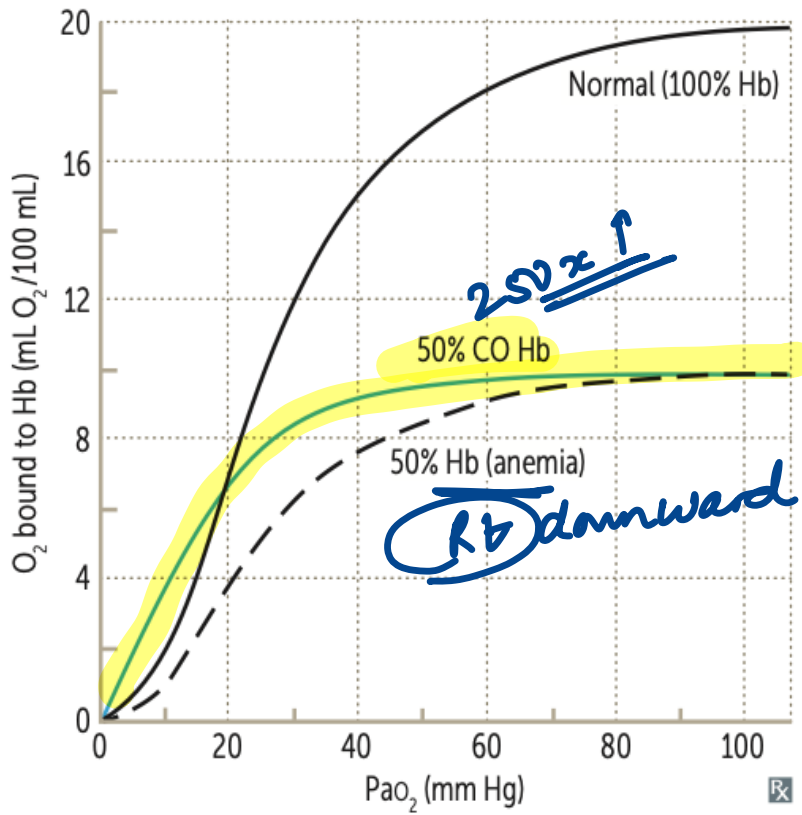
(DLCO) (N)

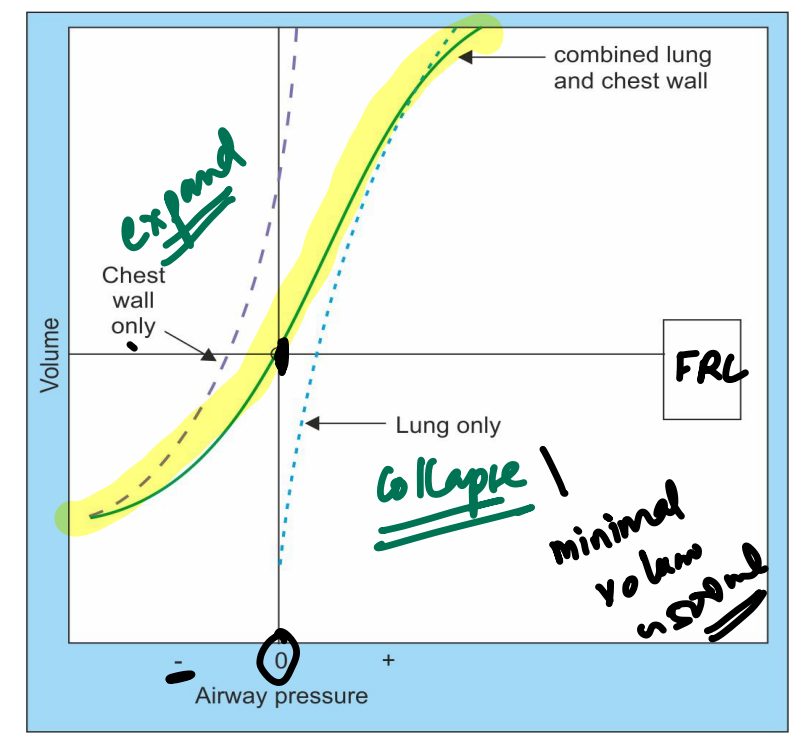
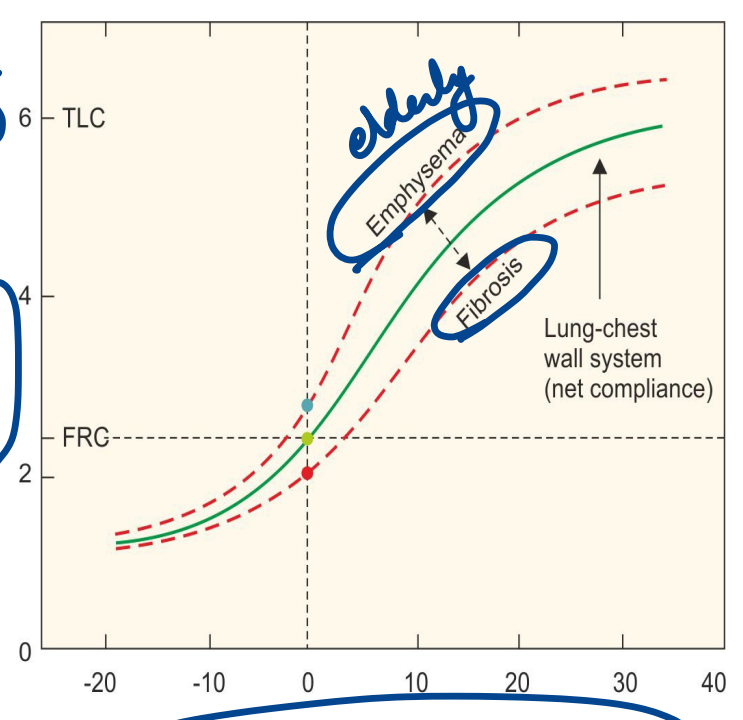
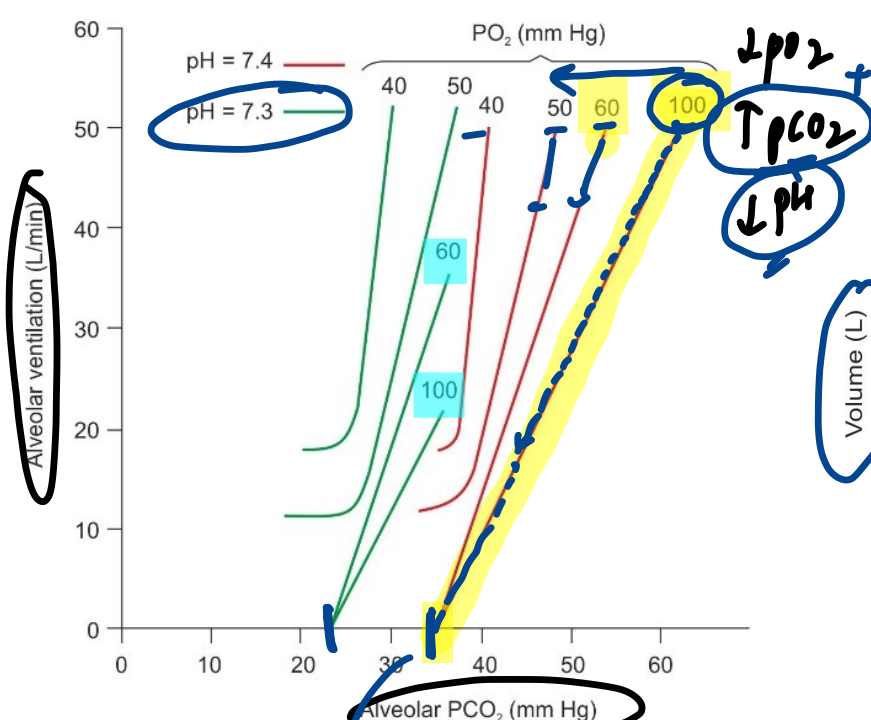
(N) ↓
↓
(N) ↓
↓
(N) ↓

pulm obstructive
eg. ILD ↓
↓
(N) ↓

extra-pulm restrictive
M4
↑
(N)

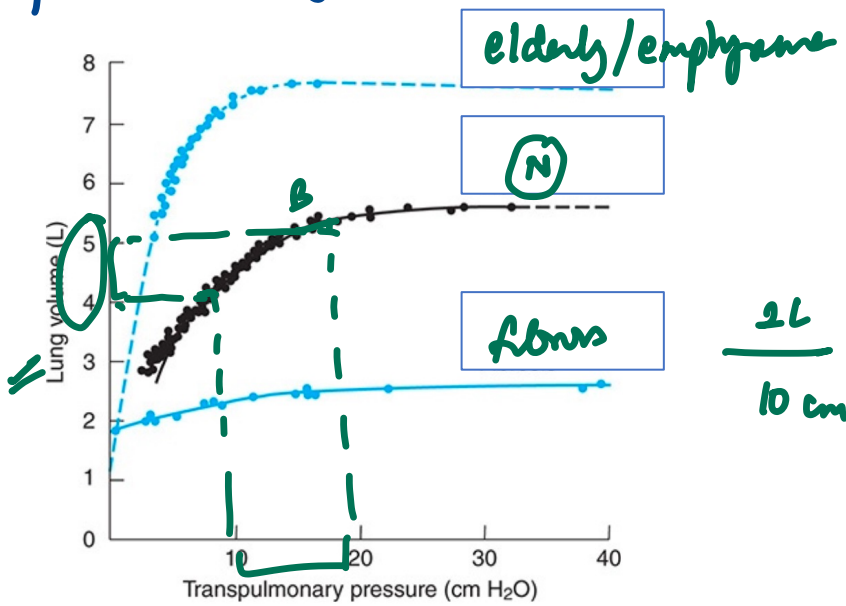




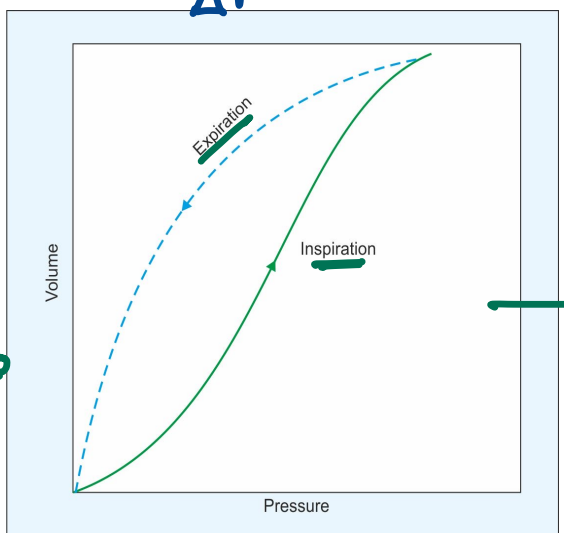


apnea p_t = 37 mm Hg

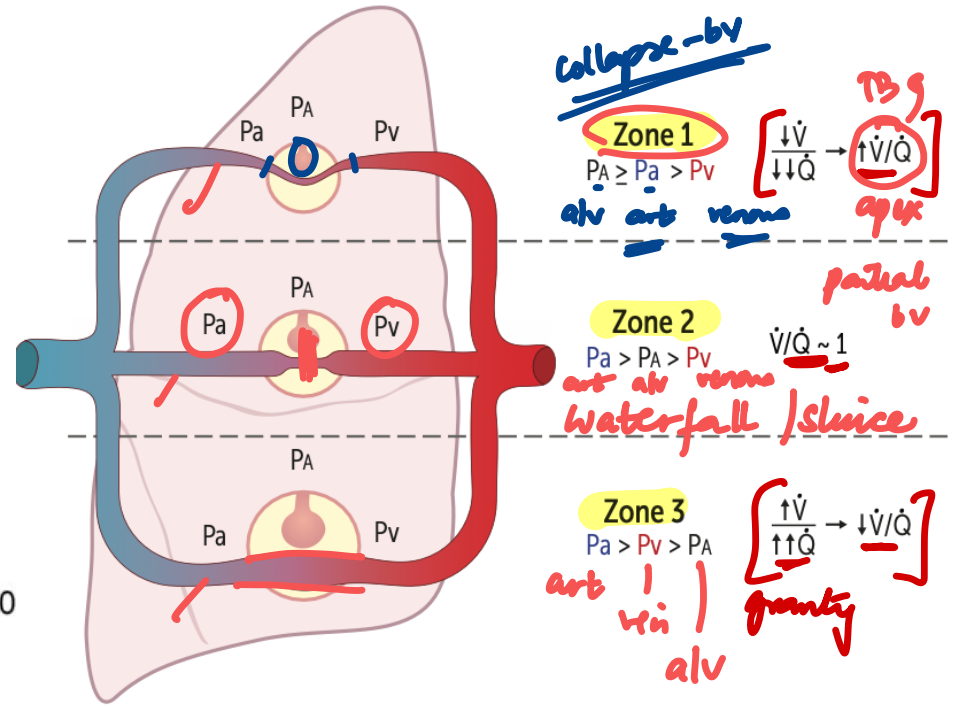
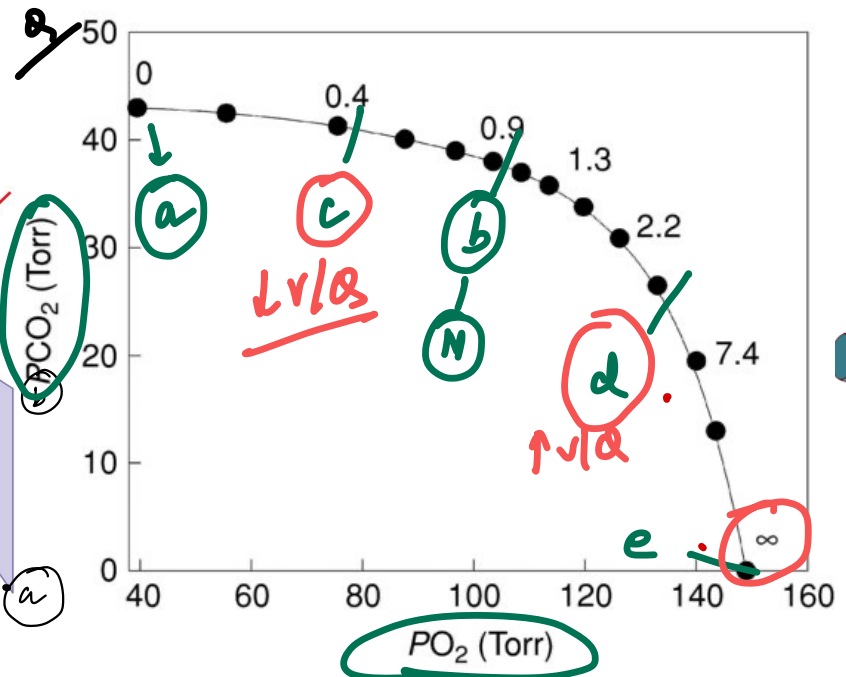
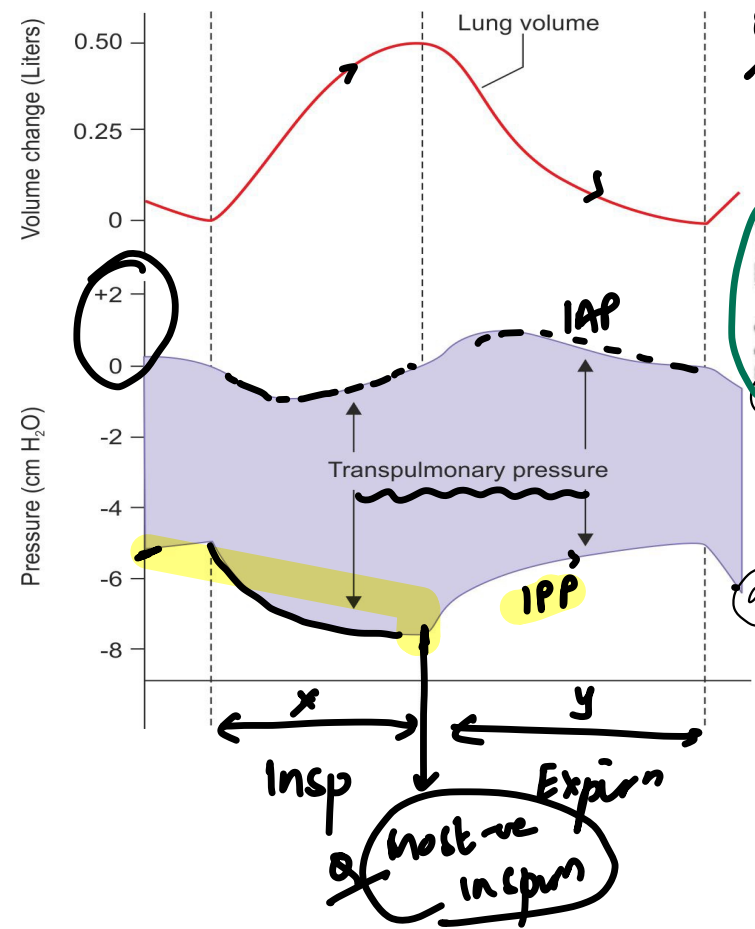
Compliance $\frac{\Delta V}{\Delta P}$



$\frac{2L}{10 \text{ cm H}_2\text{O}}$



Hysteresis (surfactant)

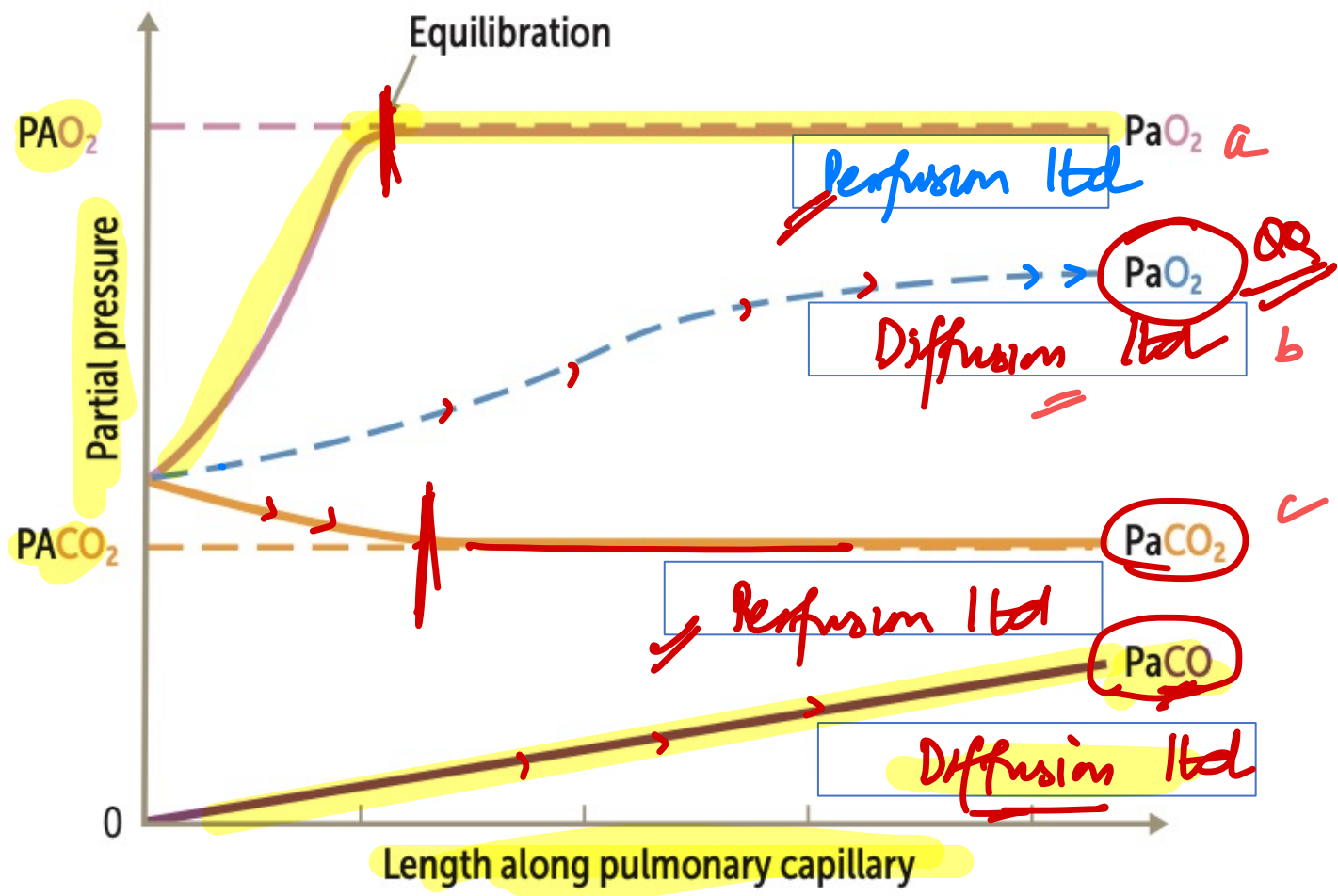


v/Q
 a: $v/Q = 0$ ($v=0$) SHUNT
 pneumonia
 collapse
 $\uparrow O_2 \rightarrow \uparrow$ inspire

Zone 4: $P_{art} > P_{int} > P_{ven} > P_{alv}$
 functional pressure

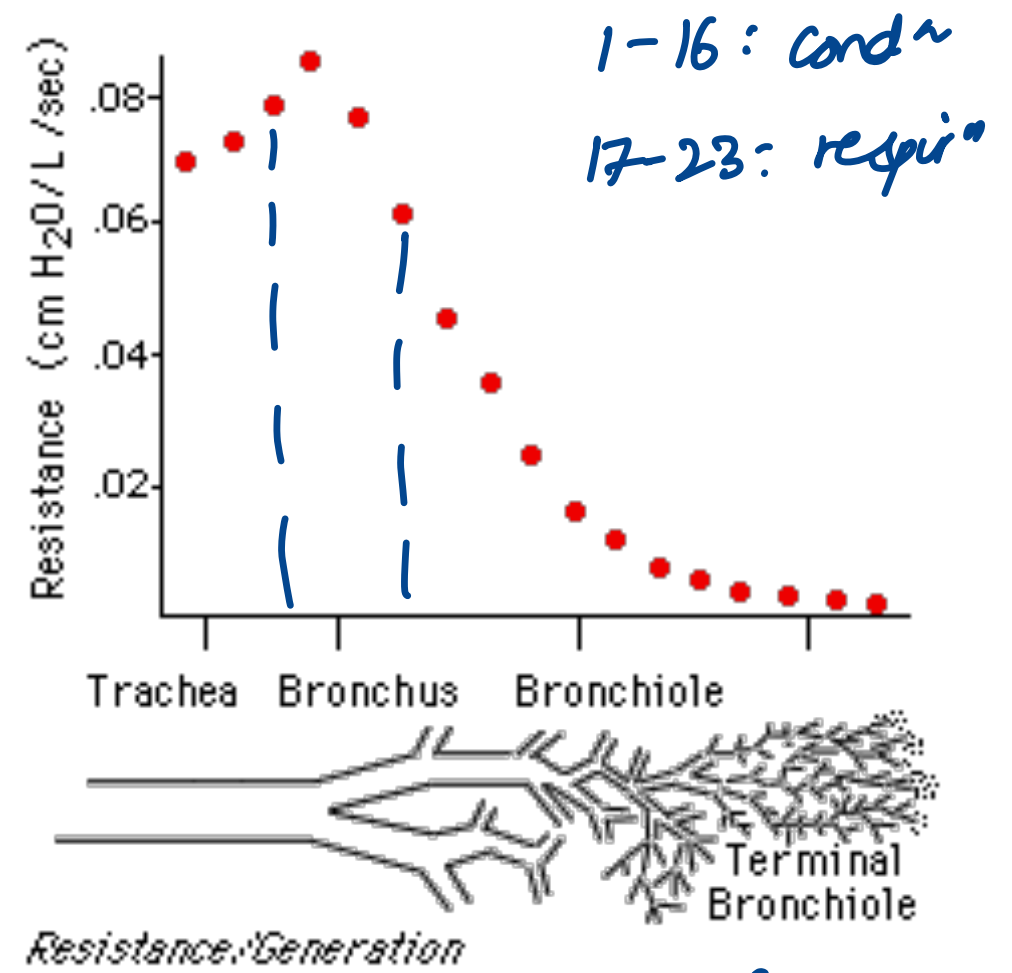
physical dead space
 $c = \downarrow v/Q = \downarrow v = \text{obstruction / COPD}$
 $d = \uparrow v/Q = \downarrow Q = \text{shock / PAM}$
 $e = \downarrow v/Q = Q=0 = PE$

SUPINE: v/Q matching
 HYPOVOLEMIA:
 PPV:
 EXERCISE: vasodil* \rightarrow zone 3 $\uparrow\uparrow$
 zone 1 $\uparrow\uparrow$



Pa = partial pressure of gas in pulmonary capillary blood
 PA = partial pressure of gas in alveolar air

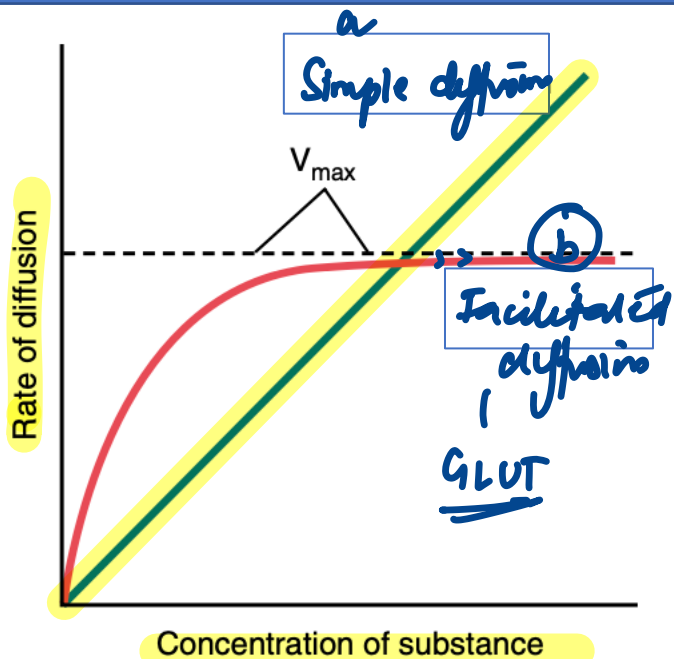
• Cyanosis
 • Smoker (COPD)



max resistance → turbulent

↳ 3-5 gen bronchus

CELLULAR PHYSIOLOGY



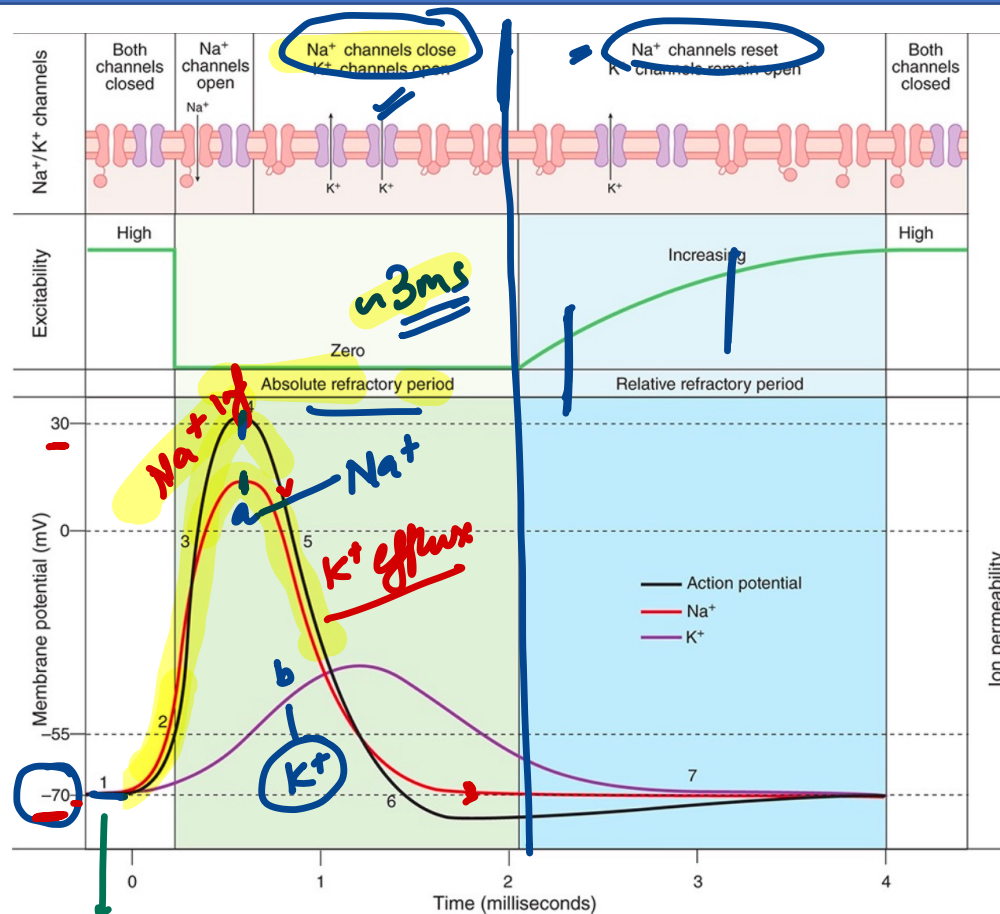
active transport

- primary
- K^+ -Na⁺
- proton

secondary

- SGLT
- Na-I symport

co-transport



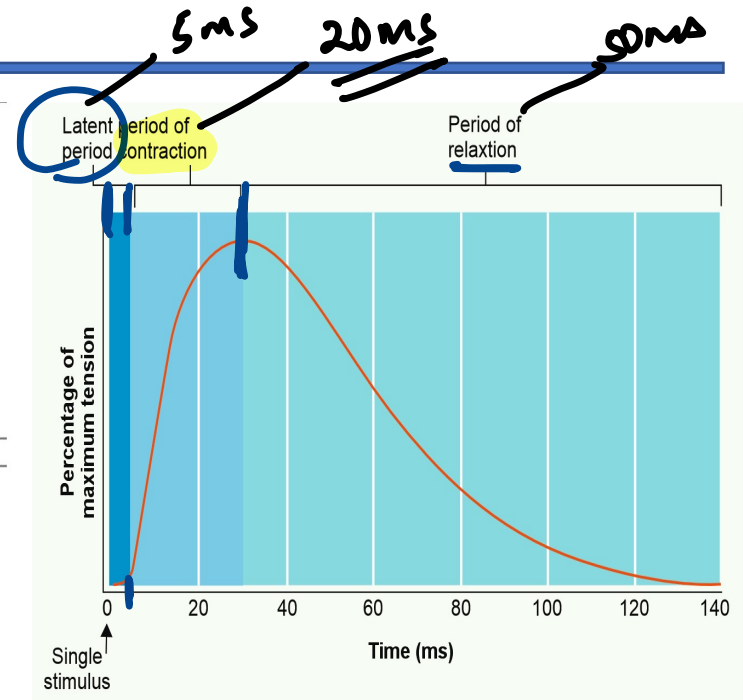
RMP

K^+

K^+

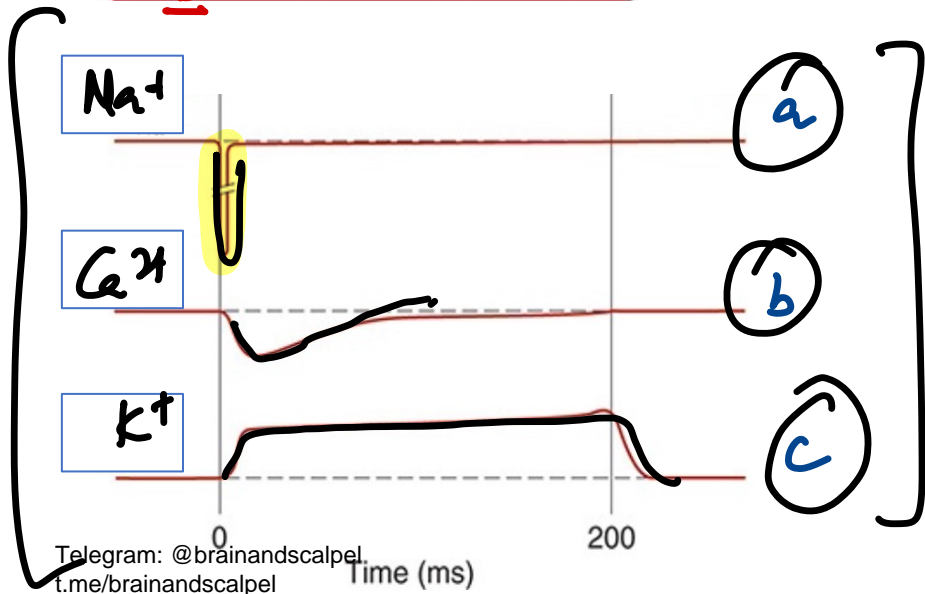
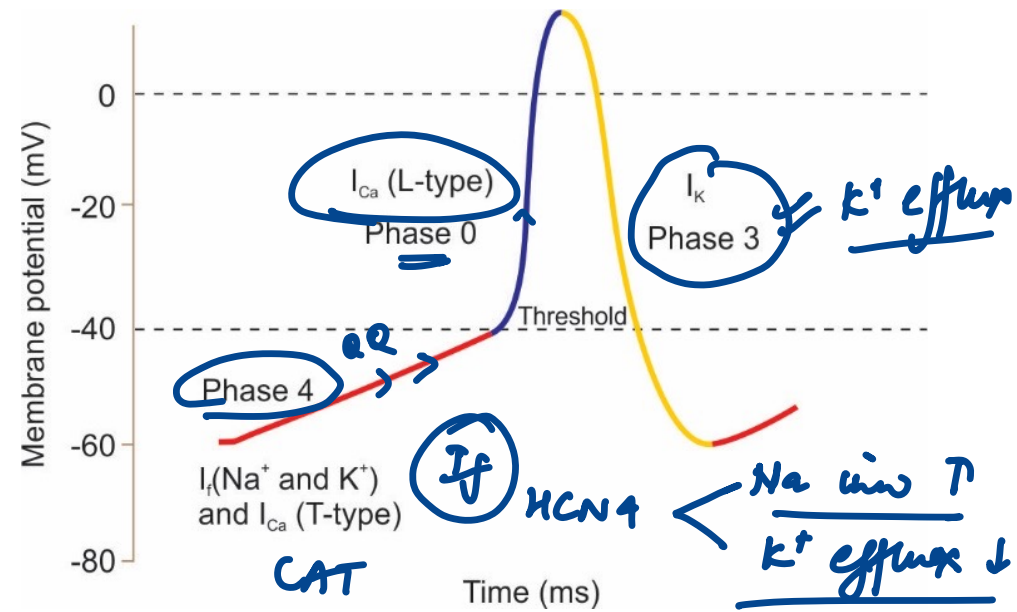
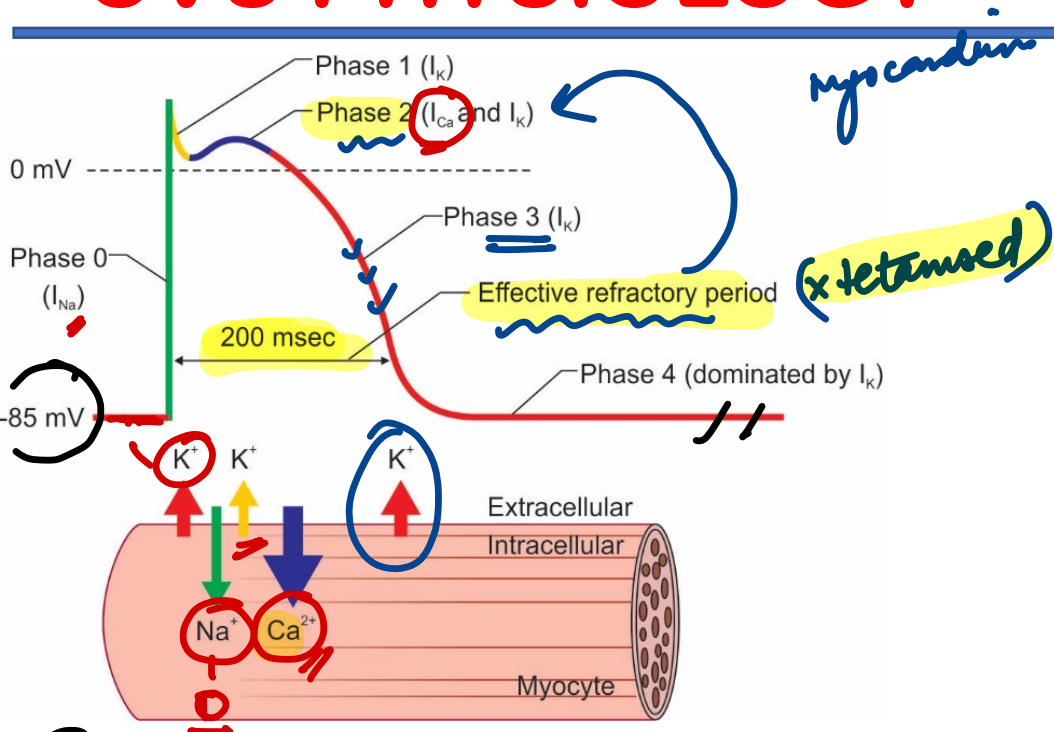
leaky K^+

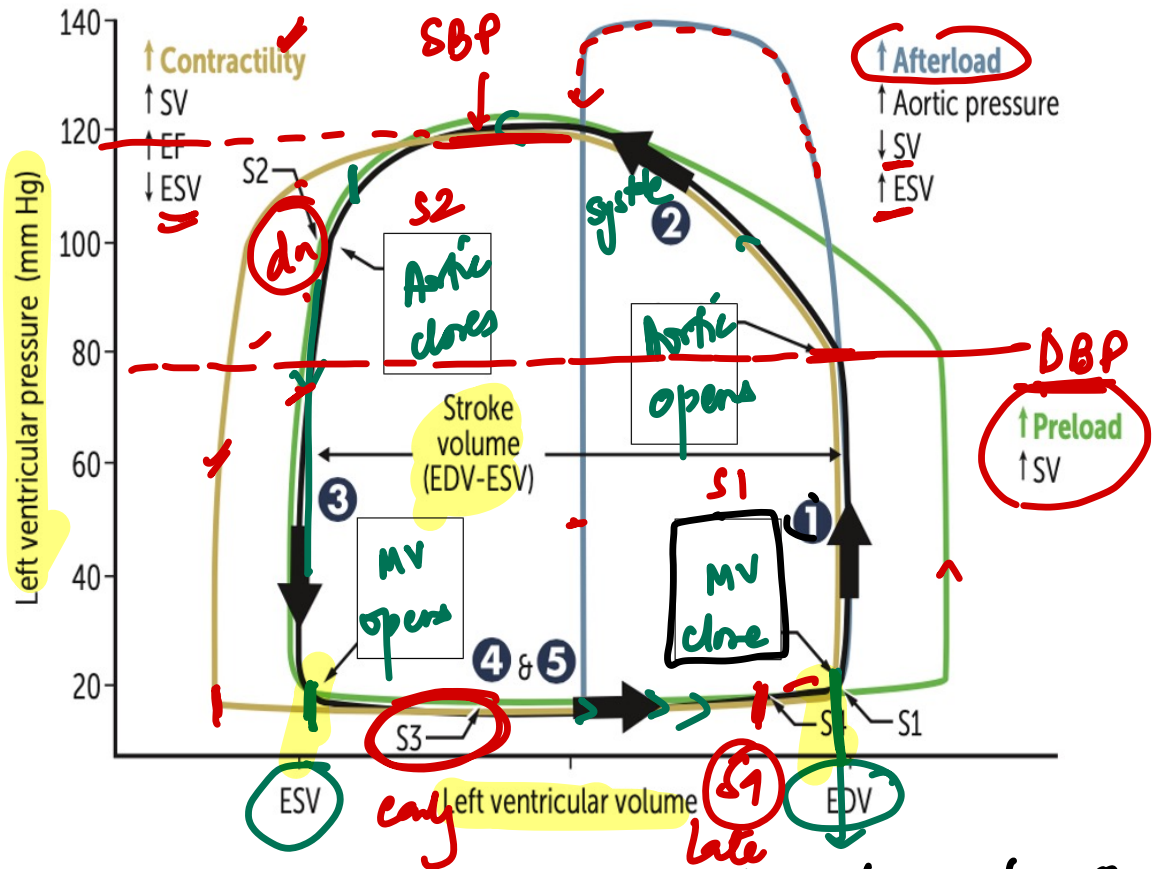
Next eqⁿ - equilibrium



tetanus freq = $\frac{1}{CP}$

CVS PHYSIOLOGY

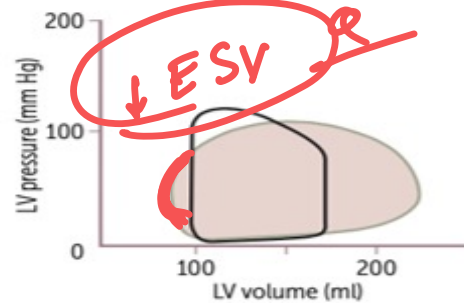
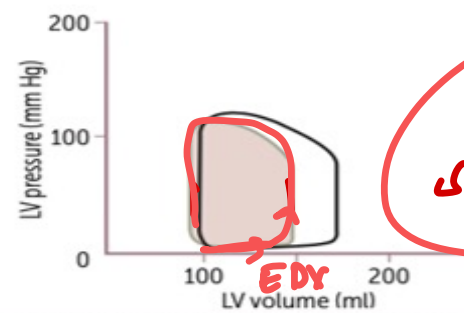
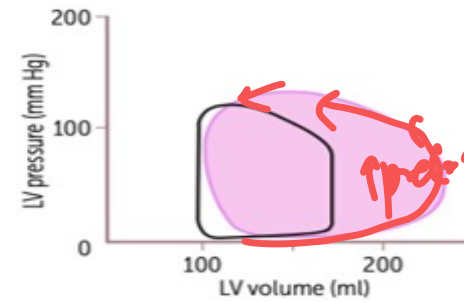
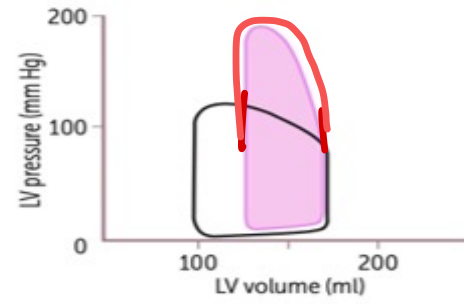


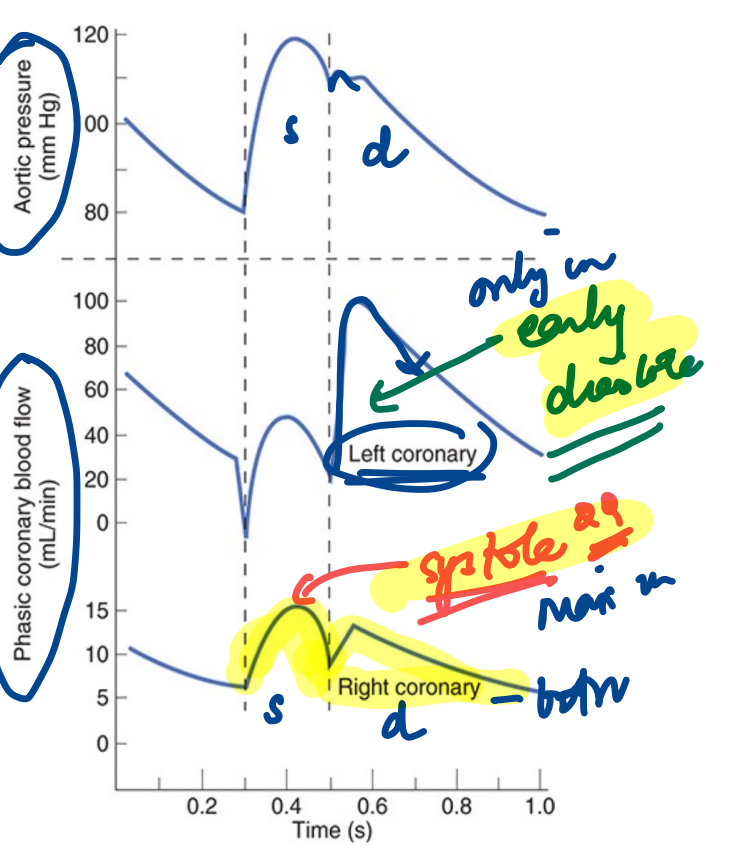
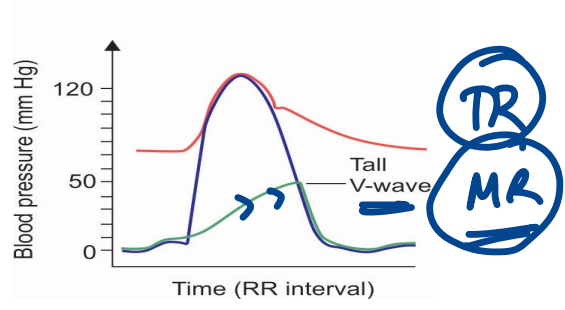
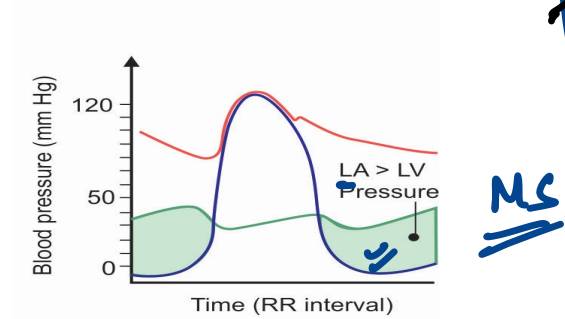
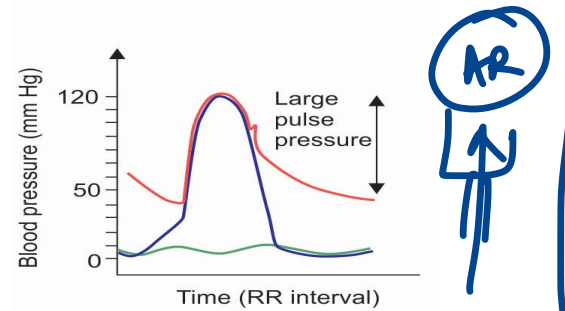
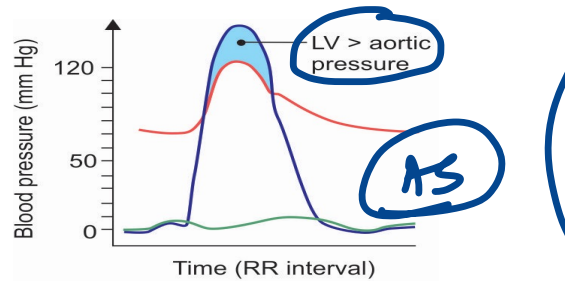
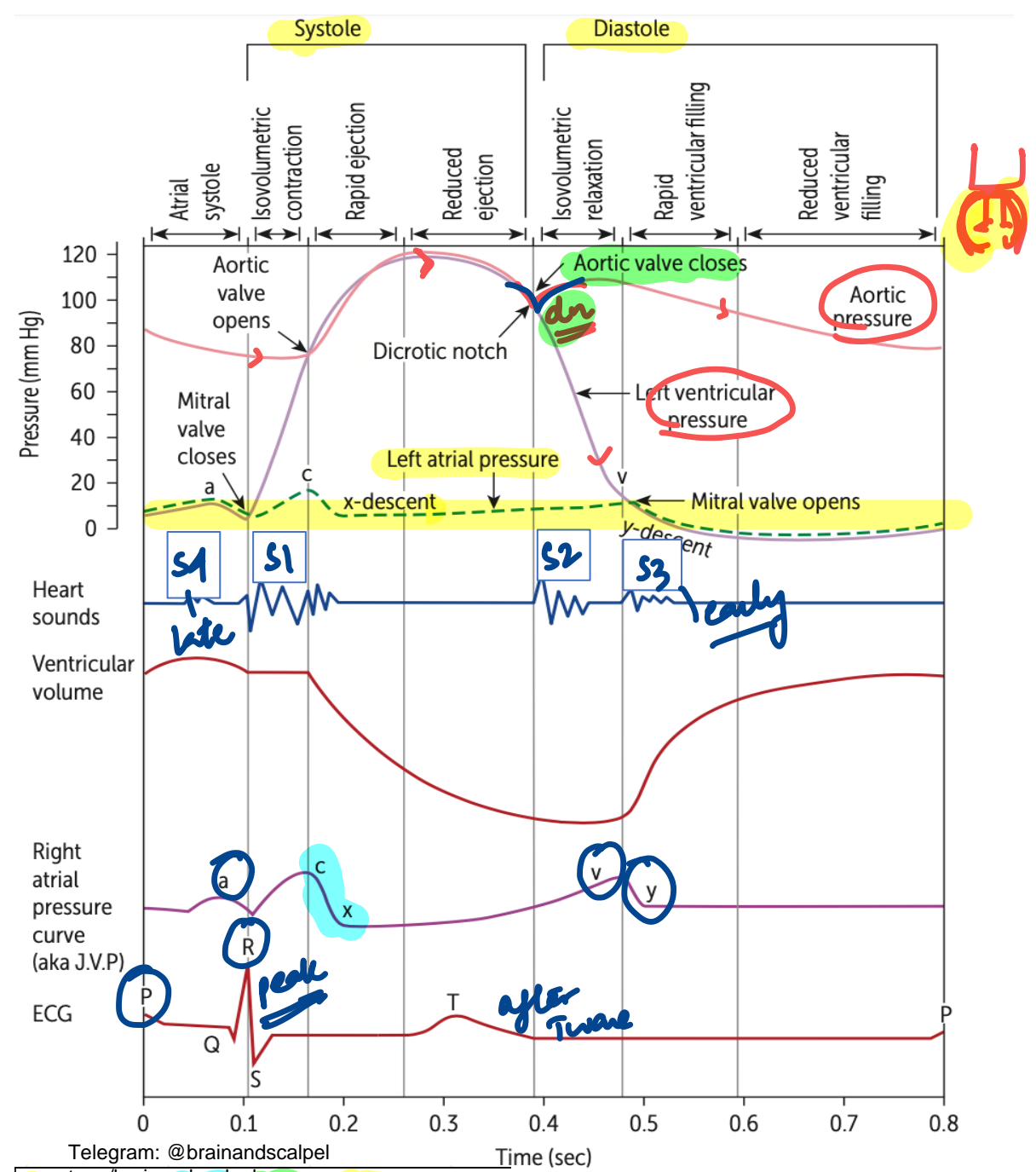


$$EF = \frac{SV}{EDV}$$

1 - isovol contracⁿ

3 - isovol relaxⁿ



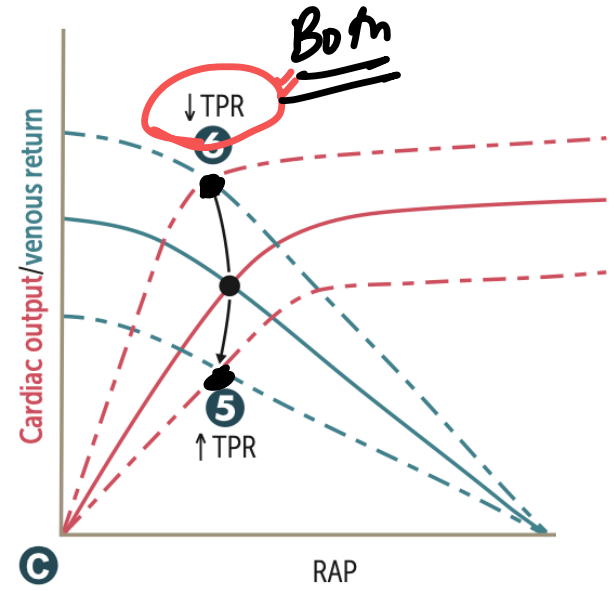
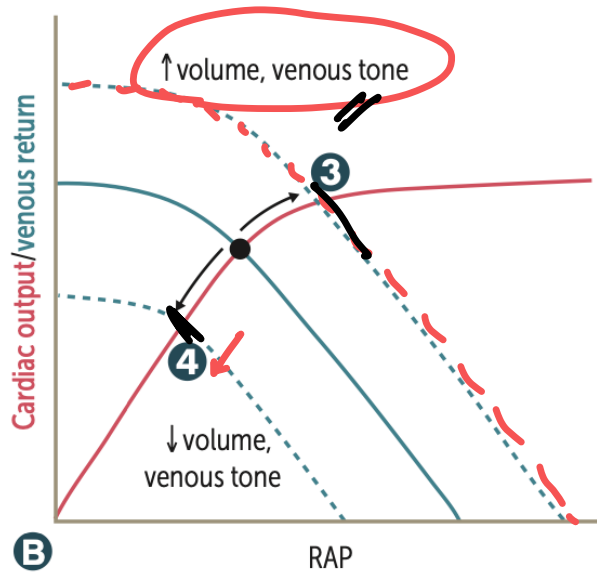
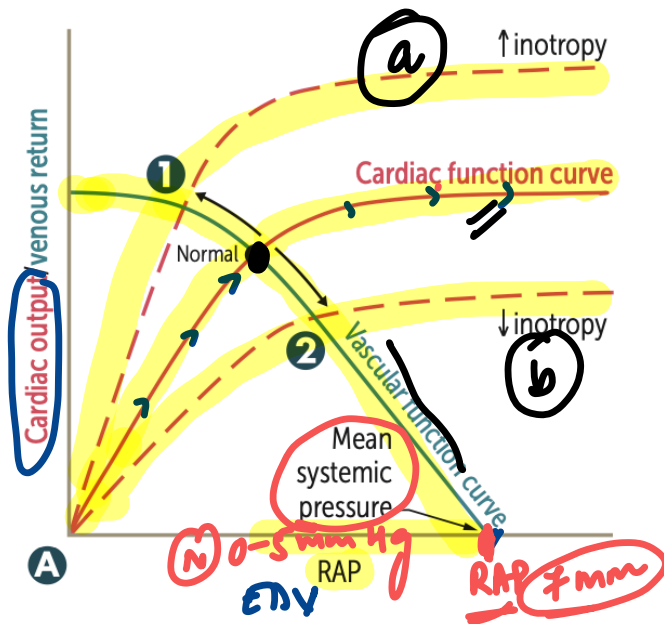


Cor blood flow = aortic - ventr pr

120 (80) s (d)

LV: 121 / 0 s d

RV: 25 / 0 s d

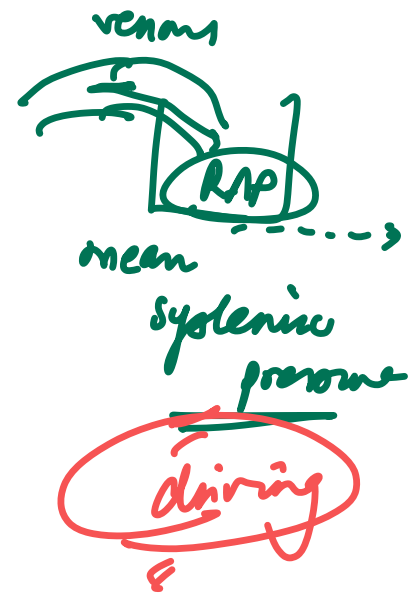


Exercise

• ArF

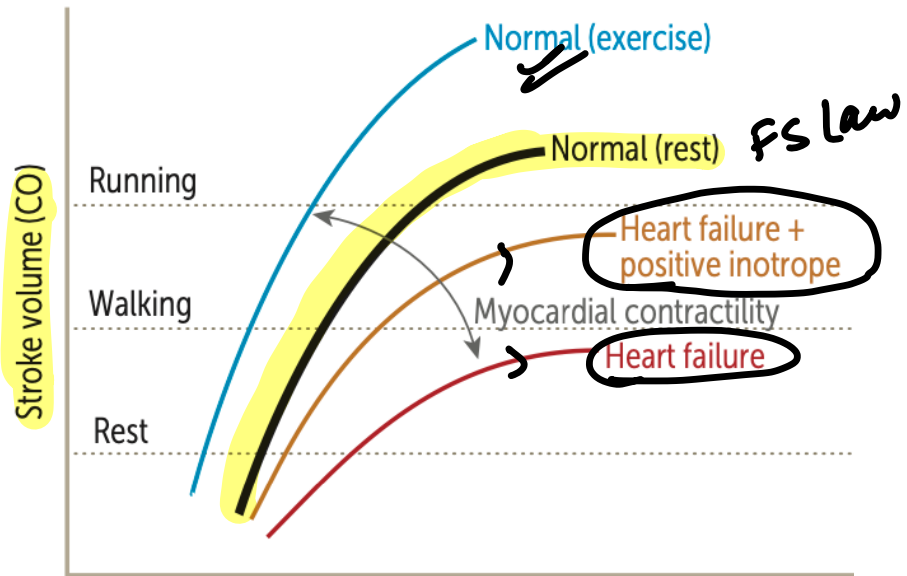
Intersection of curves = operating point of heart (ie, venous return and CO are equal, as circulatory system is a closed system).

CO - EDV
VR - RAP



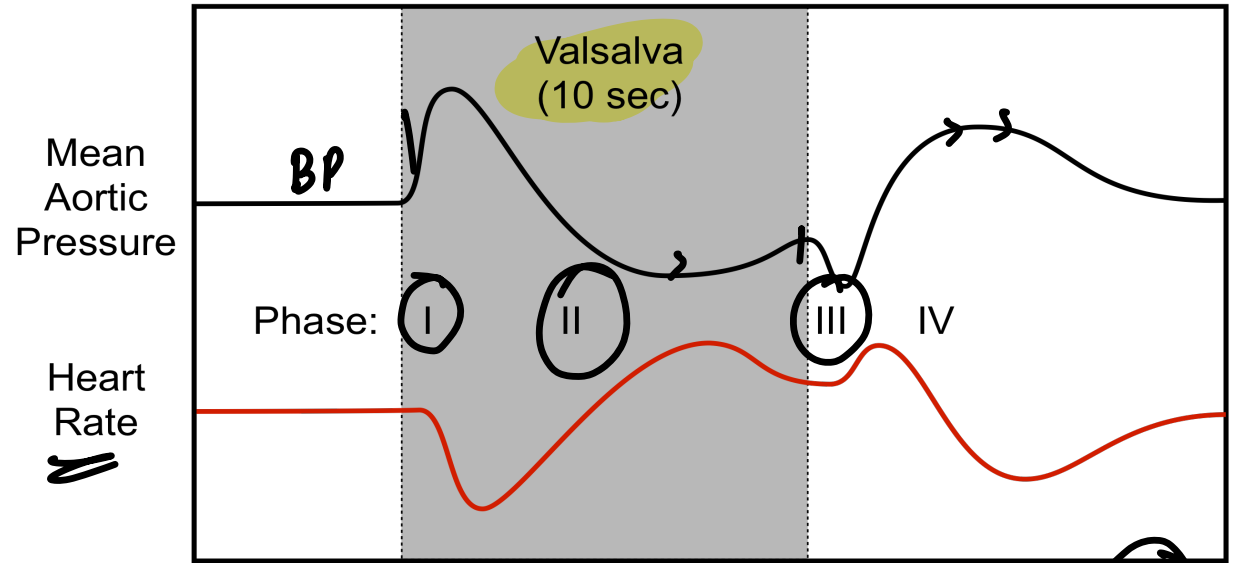
GRAPH	EFFECT	EXAMPLES
A Inotropy	Changes in contractility → altered SV → altered CO/VR and RA pressure (RAP)	<ol style="list-style-type: none"> 1 Catecholamines, dobutamine, milrinone, digoxin, exercise ⊕ 2 HF with reduced EF, narcotic overdose, sympathetic inhibition ⊖
B Venous return	Changes in circulating volume → altered RAP → altered SV → change in CO	<ol style="list-style-type: none"> 3 Fluid infusion, sympathetic activity, arteriovenous shunt ⊕ 4 Acute hemorrhage, spinal anesthesia ⊖
C Total peripheral resistance	Changes in TPR → altered CO Change in RAP unpredictable	<ol style="list-style-type: none"> 5 Vasopressors ⊕ 6 Exercise, arteriovenous shunt ⊖

= symp delⁿ



Ventricular EDV (preload)

FS law

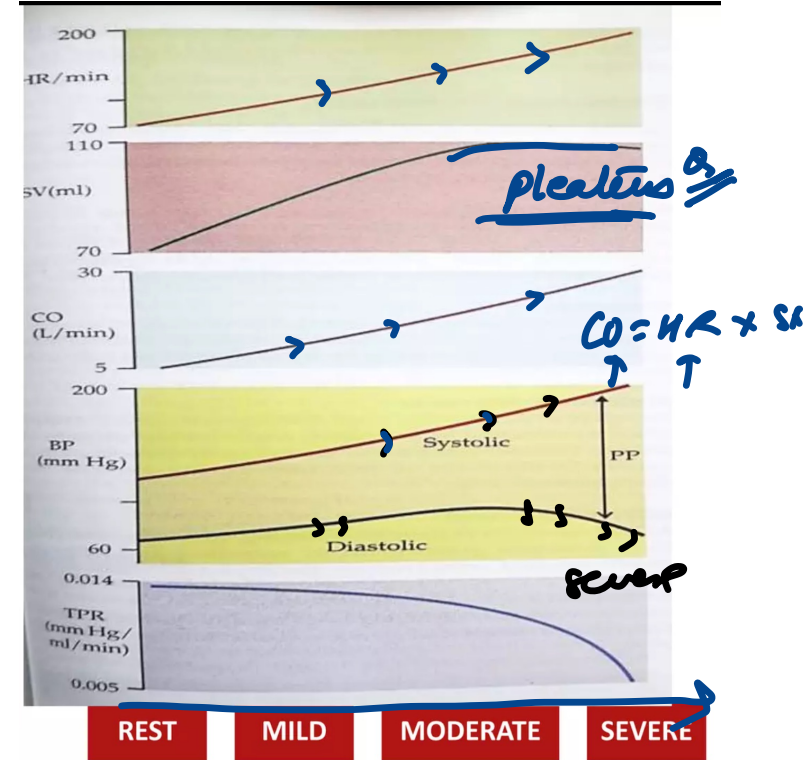
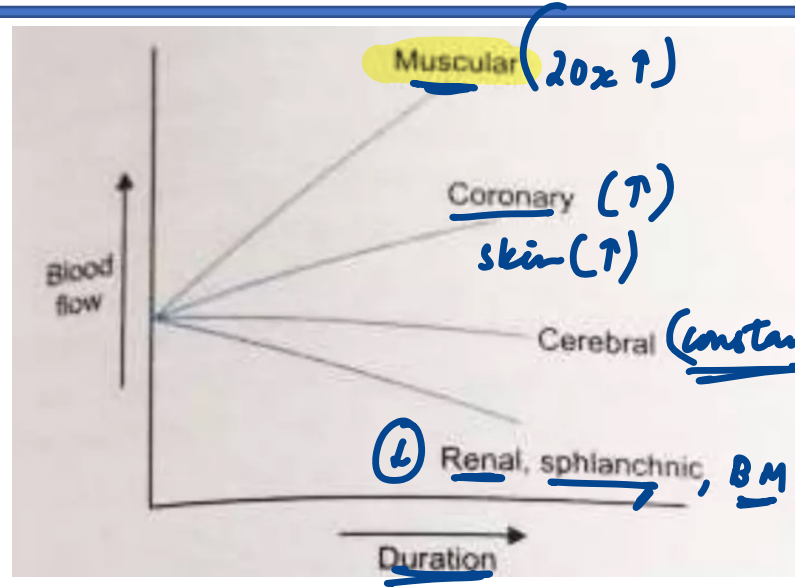
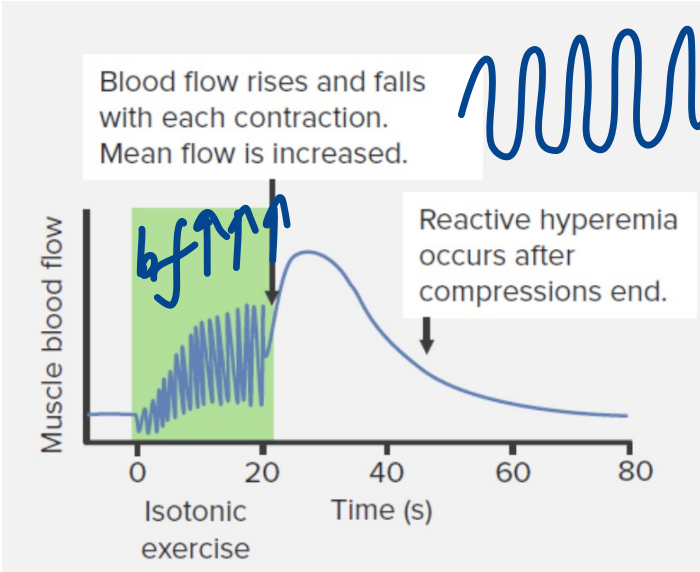


I Time II III IV

[forceful expirⁿ closed glottis]
 BP ↑
 intrathoracic pressure + BP
 BP ↓
 preload ↓
 CO ↓
 reversal - preload ↑
 BP ↑

EXERCISE PHYSIOLOGY

Isometric - wall mring



State	Skeletal muscle Blood flow
1. Rest	2-4ml/100gm/min (16% of Q)
2. Exercise	50-80ml/100gm/min (x20) 20x↑

Isotonic exercise



Isotonic exercise:

CO: ↑

HR: ↑

SV: ↑

SBP: ↑

TPR: vasodilation ↓

DBP: ↓

MAP: ↑

Isometric exercise:

CO: ↑

HR: ↑

SV: (N) afterload ↑

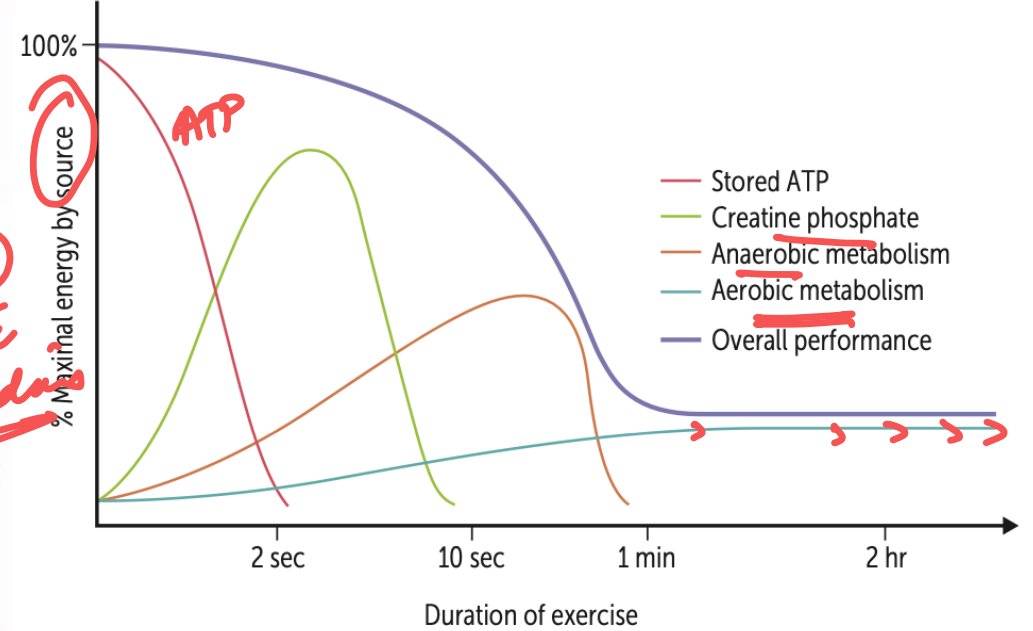
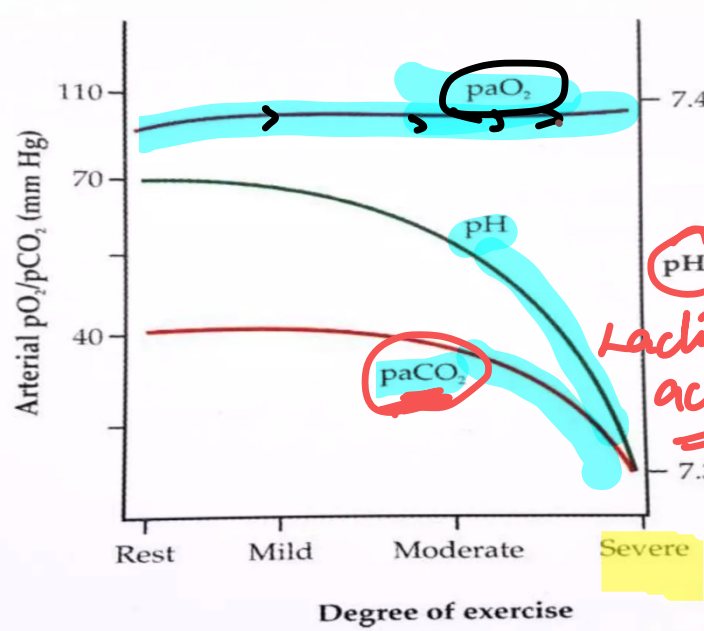
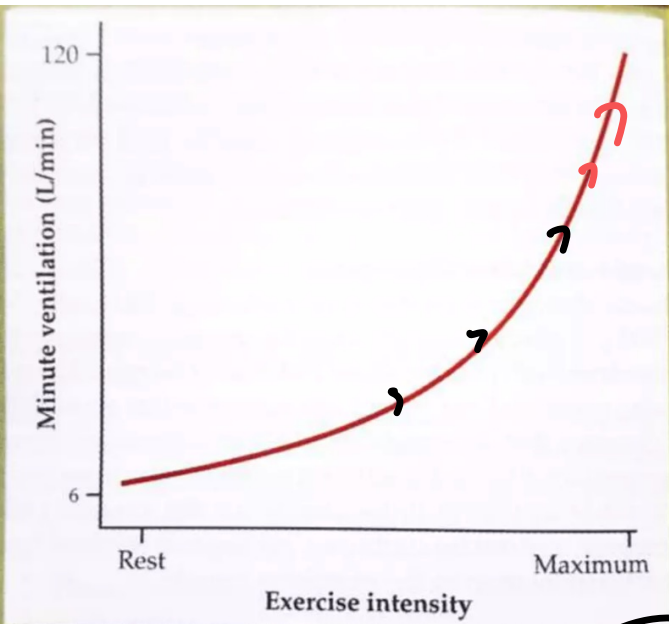
SBP: ↑

TPR: ↑

DBP: ↑

MAP: ↑

EXERCISE PHYSIOLOGY



Handwritten notes:

- only made late
- proprioceptors
- temp ↑
- K^+ ↑
- pH
- Lactic acidosis
- $pVO_2 \downarrow \downarrow$
- pA_{O_2}
- pH_{ventil}
- pA_{O_2}

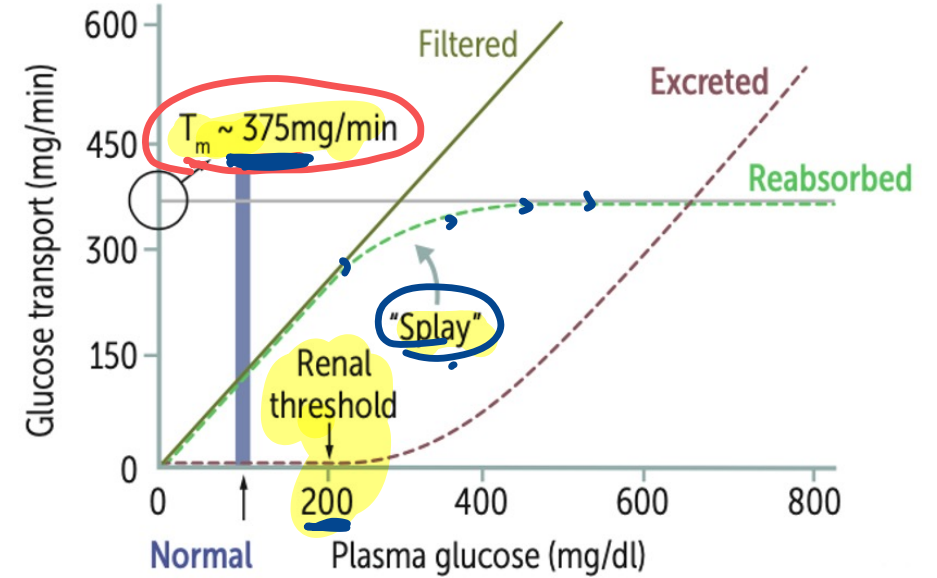
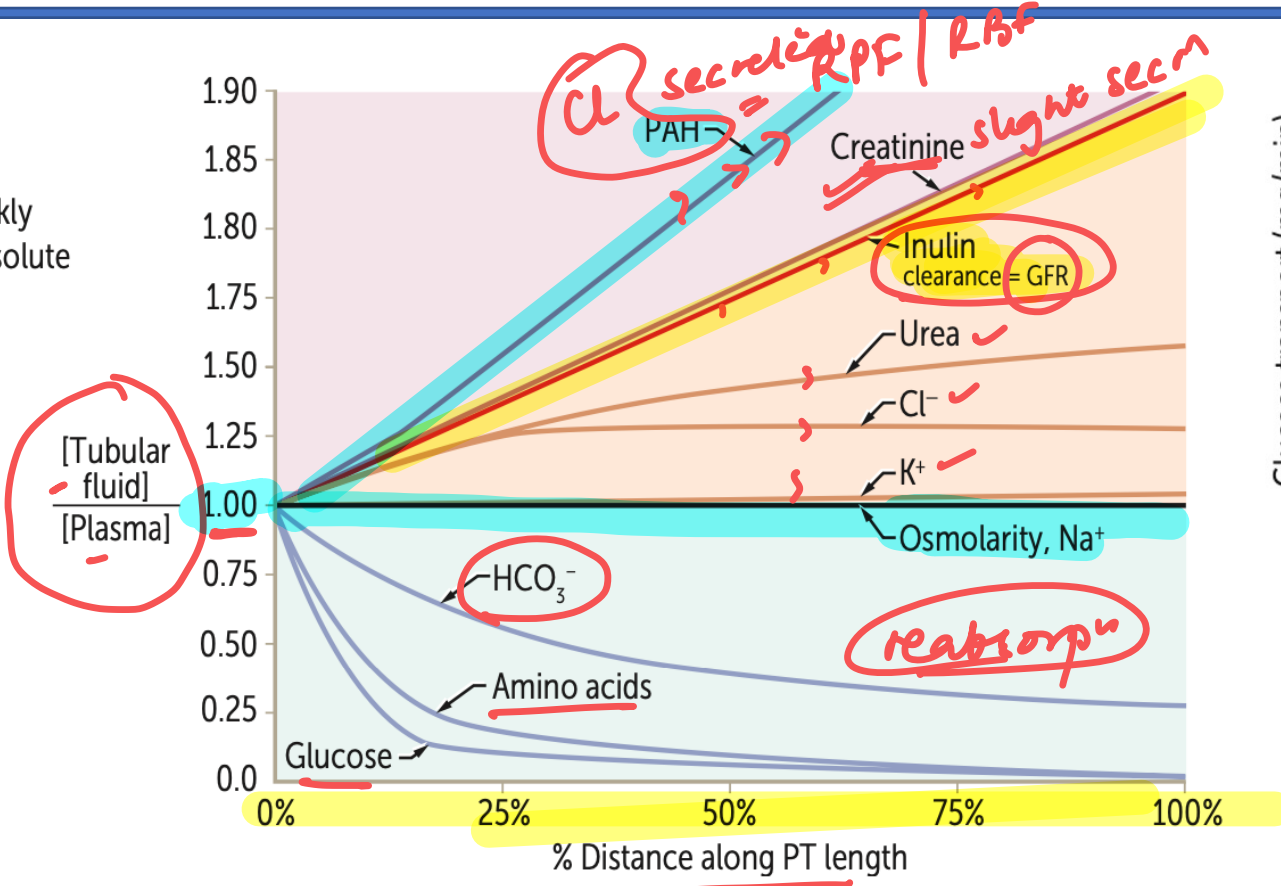
RENAL PHYSIOLOGY

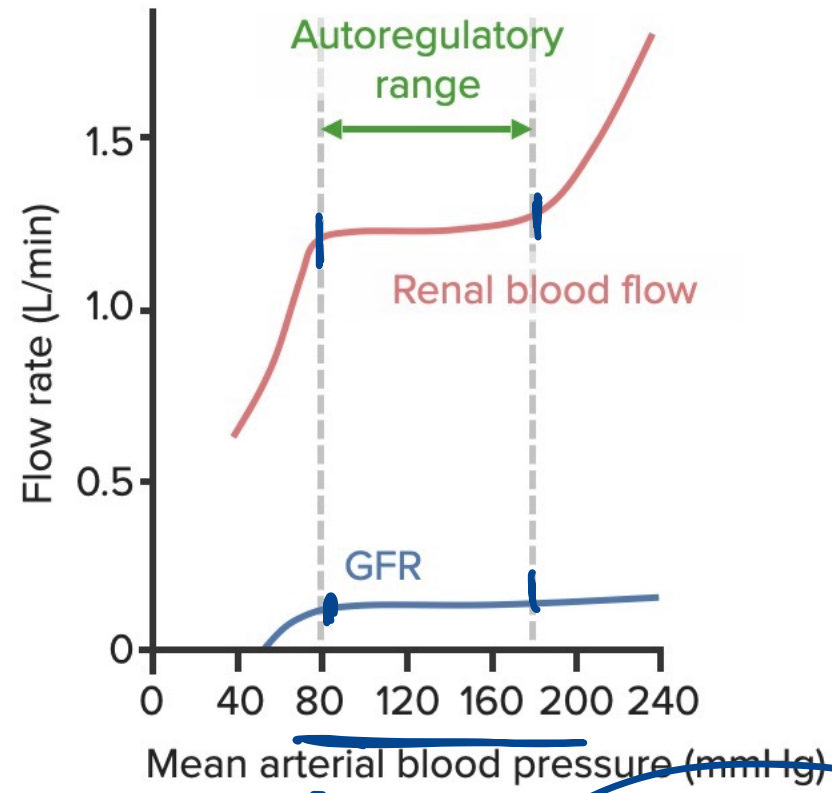
SGLT2

[TF/P] > 1
when solute is reabsorbed less quickly than water or when solute is secreted

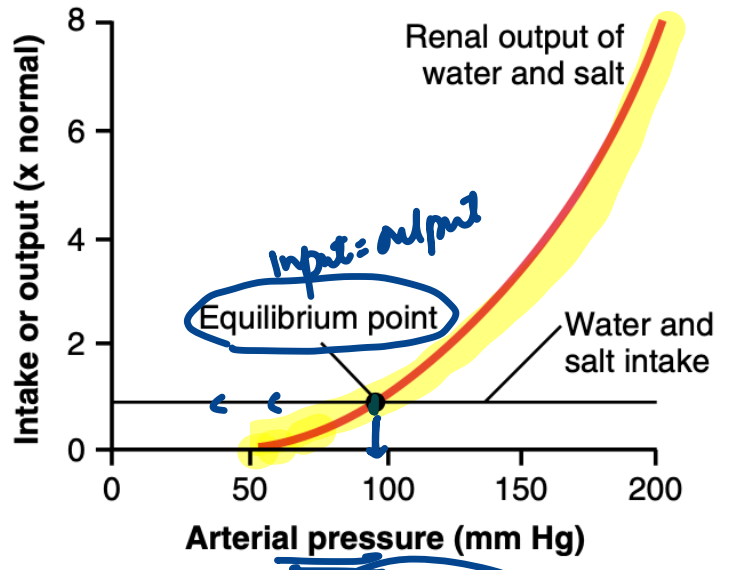
[TF/P] = 1
when solute and water are reabsorbed at the same rate

[TF/P] < 1
when solute is reabsorbed more quickly than water

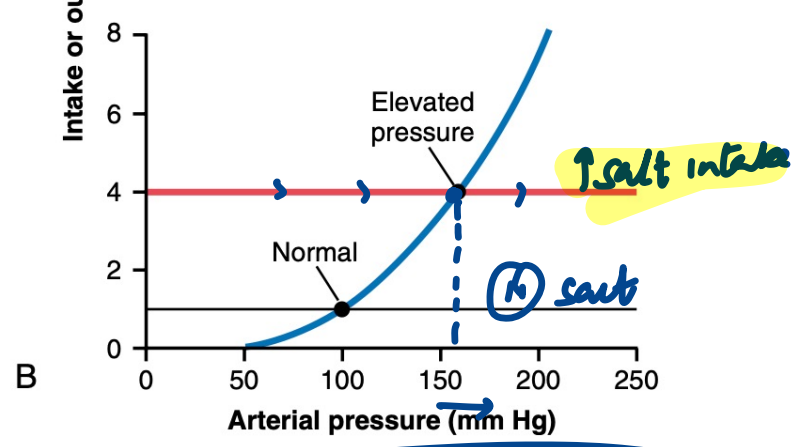
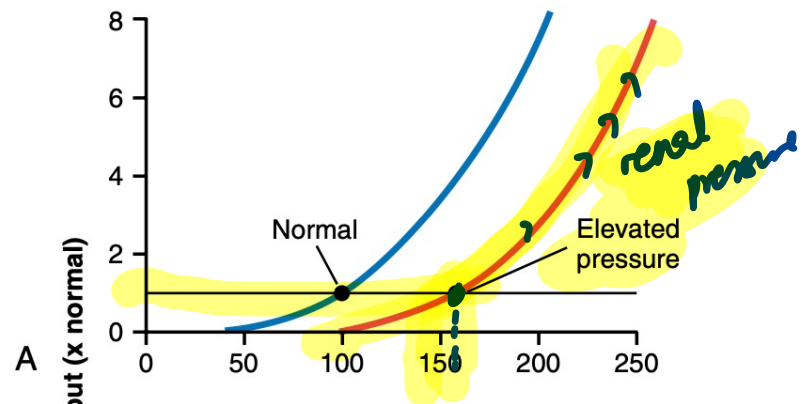




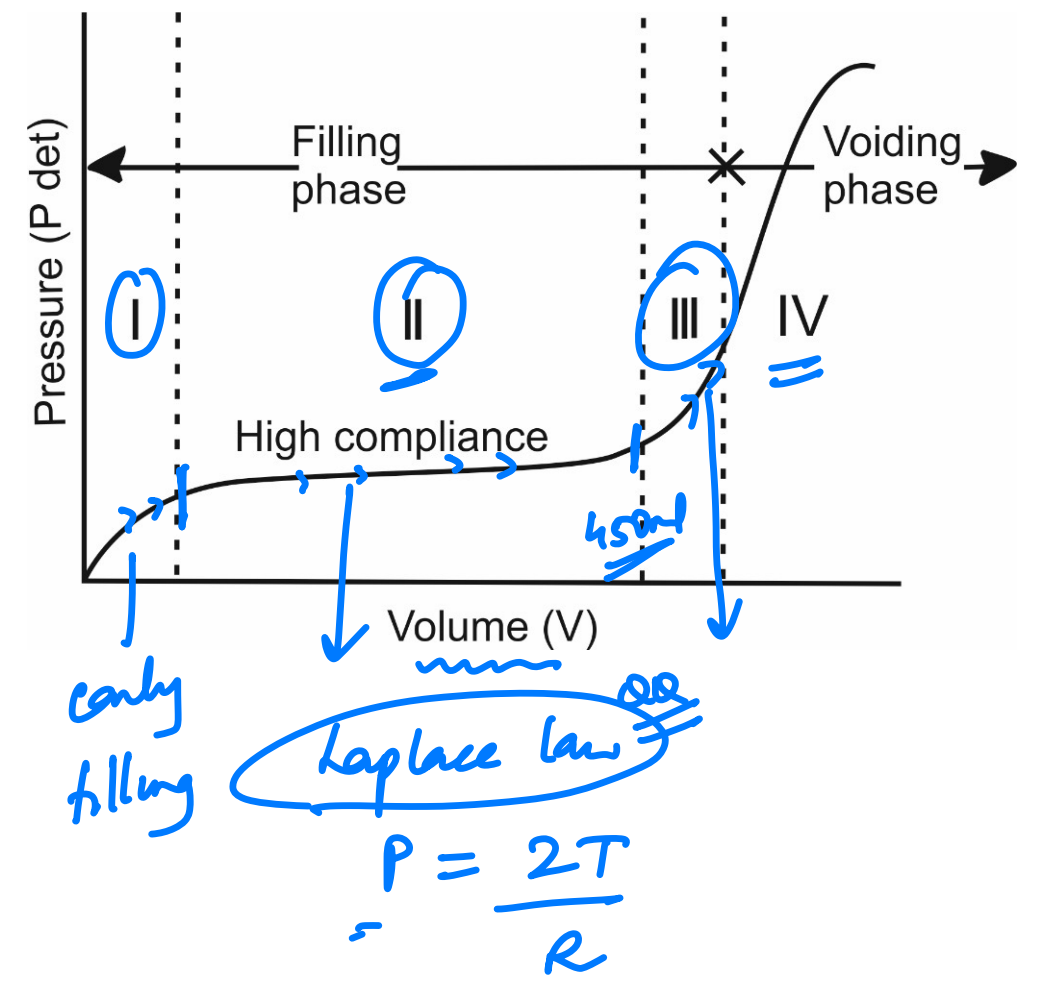
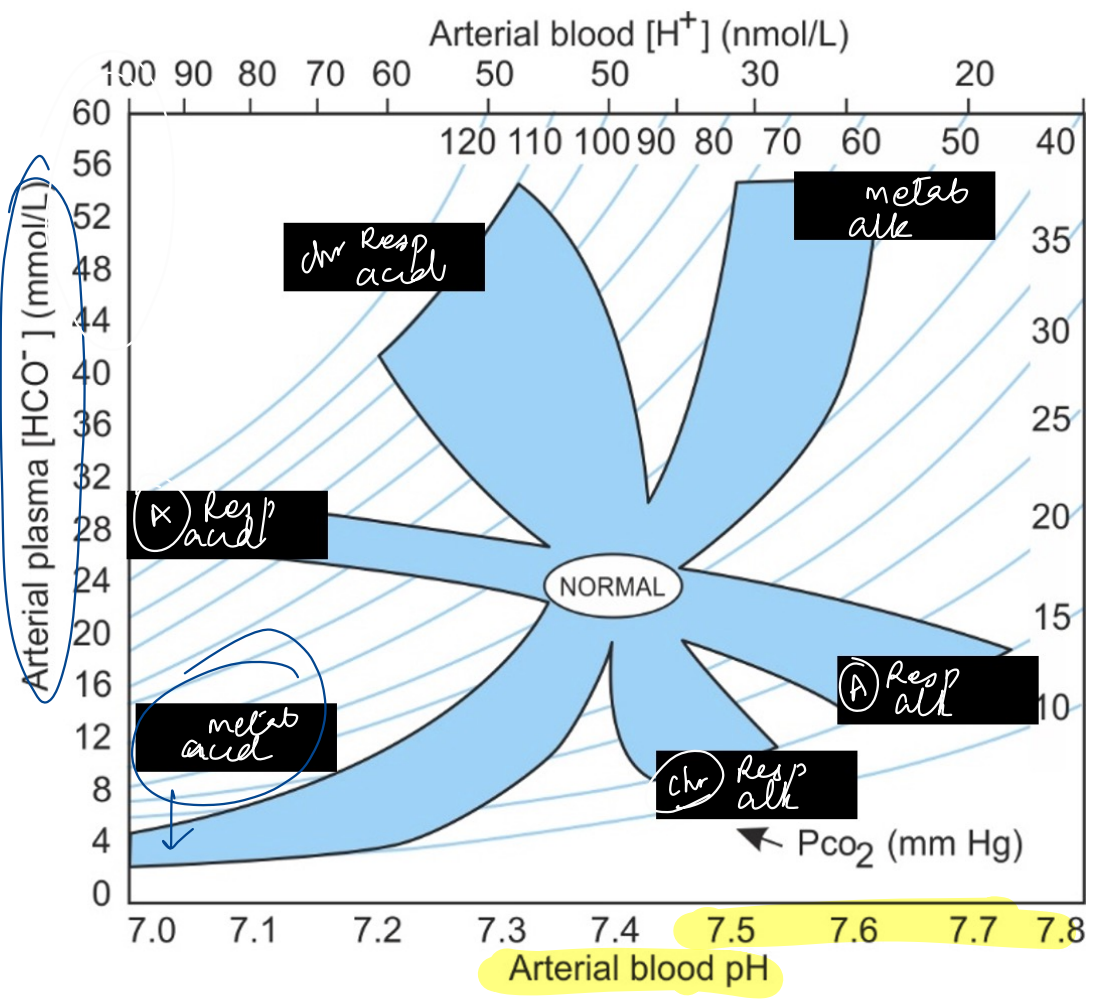
autoregulⁿ: 90 - 220 mm Hg

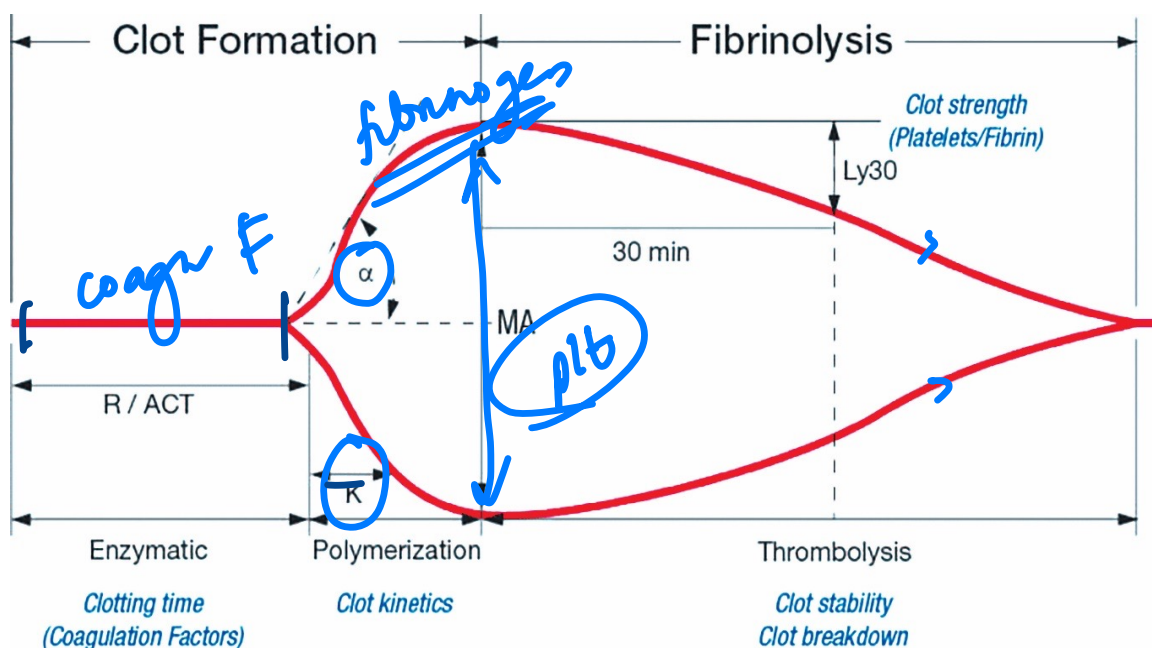


normal MAP



long-term determinants of arterial pressure

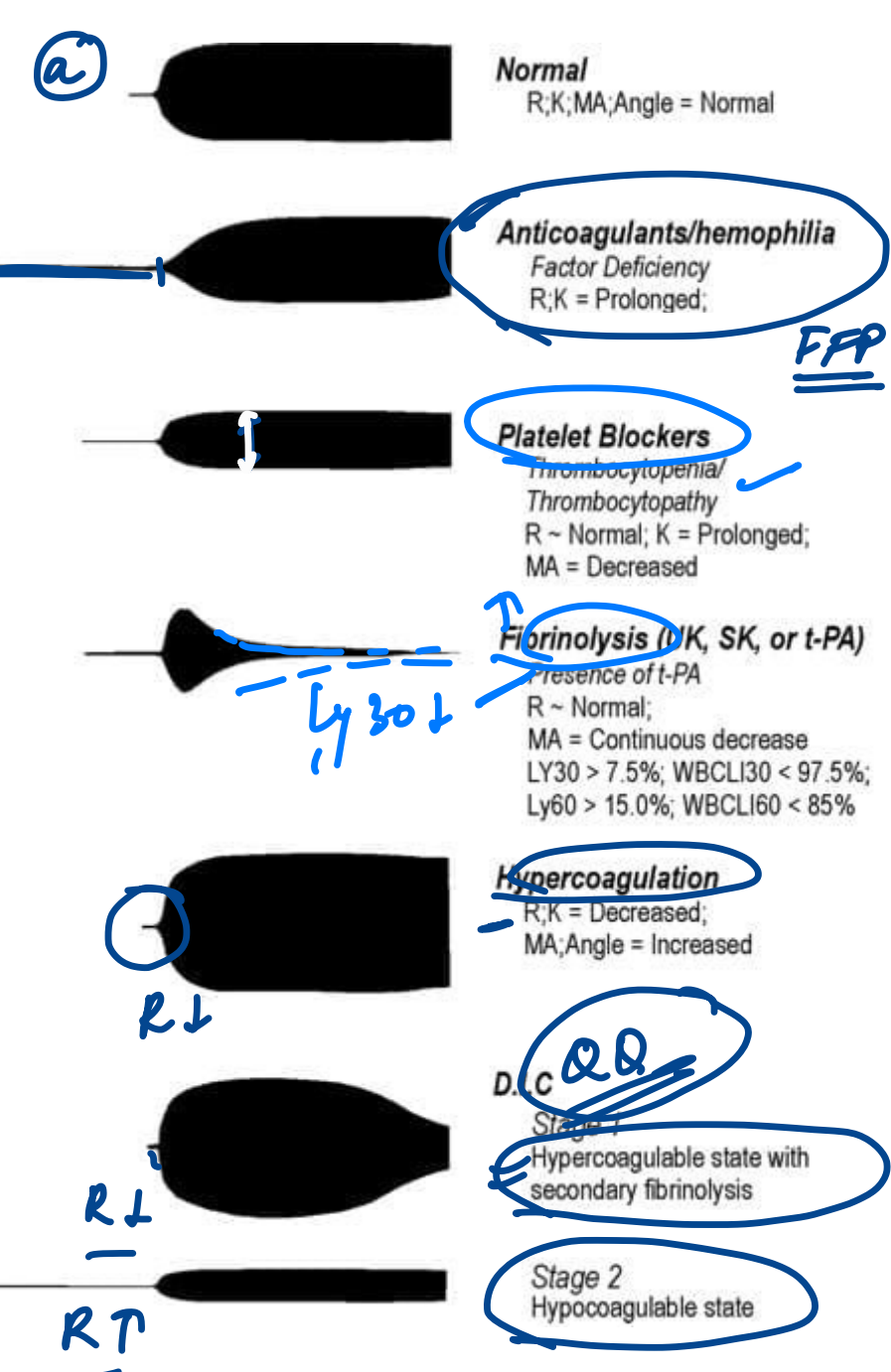




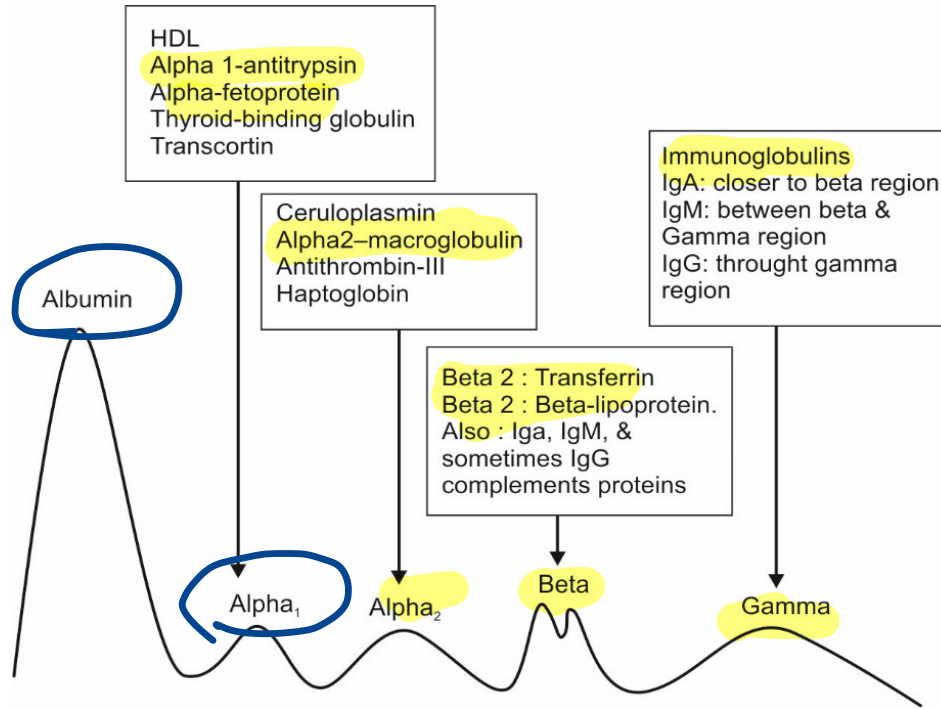
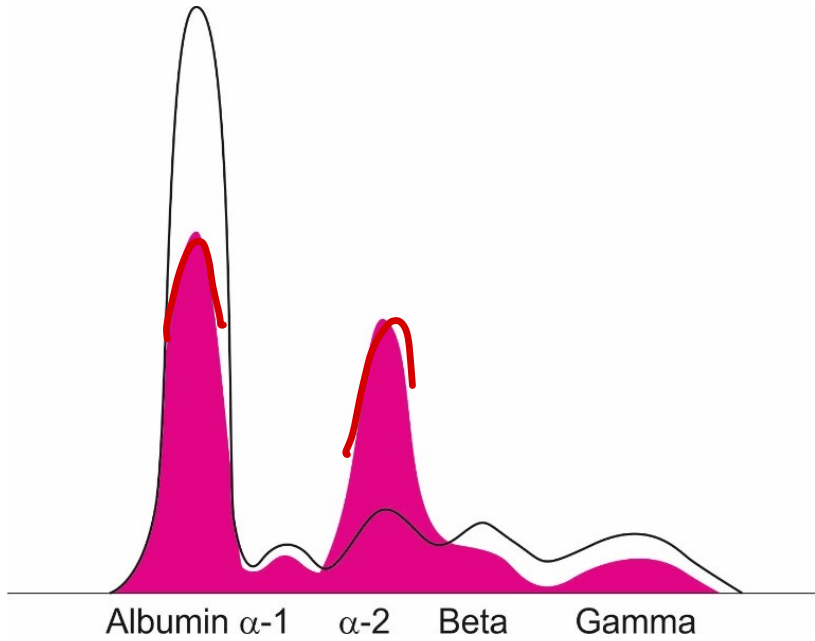
TEG

R - coag
K - fibrinogen
α - fibrinogen

MA - plb
Ly-30

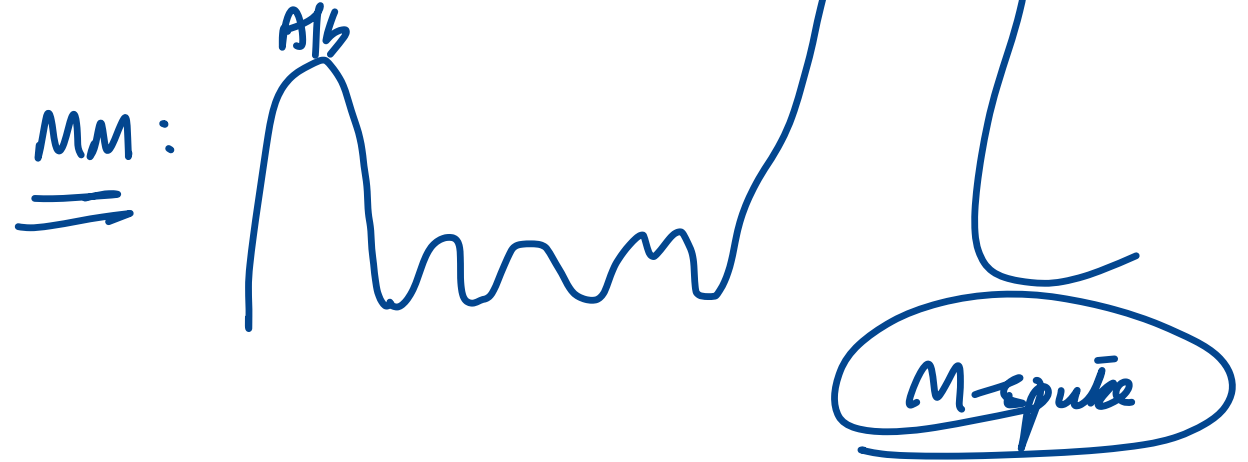


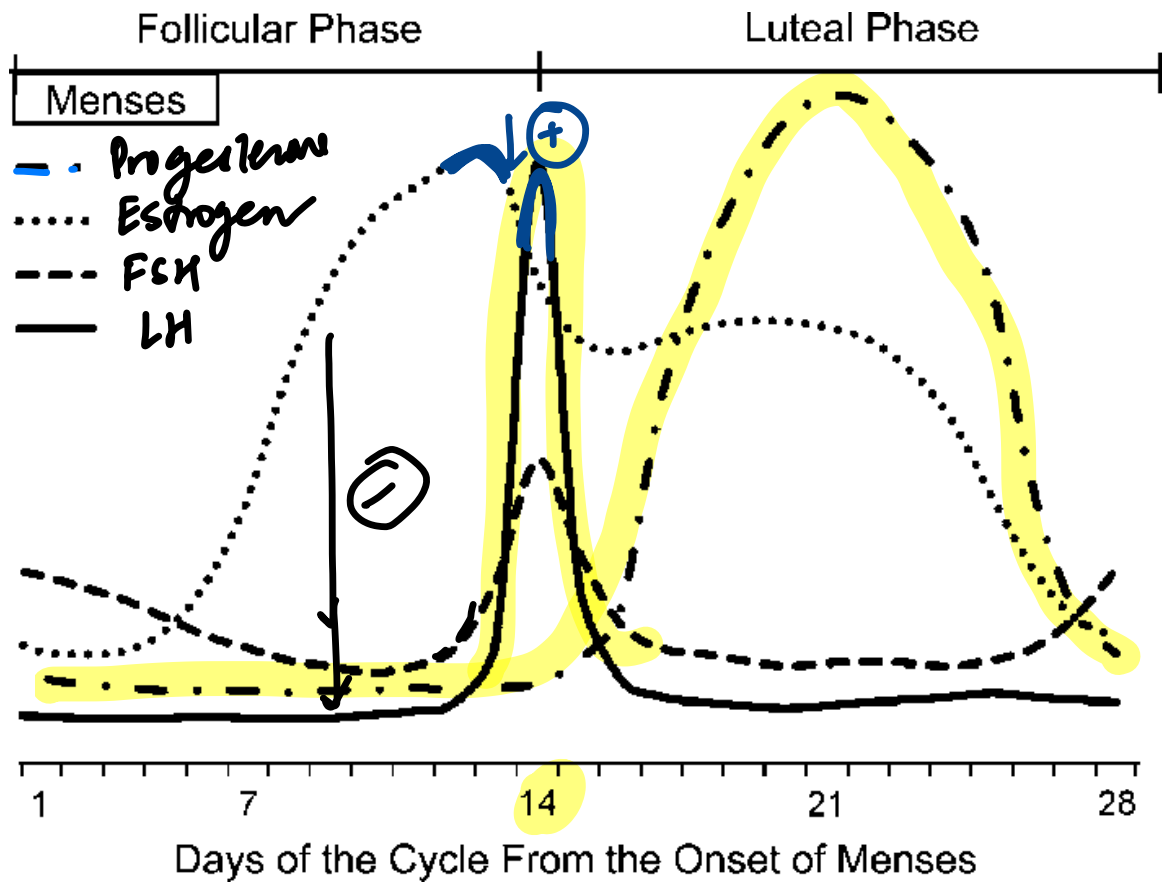
TEG	ROTEM	Description	Normal	Abnormality: Cause	Treatment
Reaction Time (R value)	Clotting Time (CT)	Time till initiation of fibrin clot formation	5 - 10 min	↑ R value: ↓ factors	FFP protamine
K value	Clot Formation Time (CFT)	Time to achieve 20 mm clot on assay representing thrombin-platelet interaction	1 - 5 min	↑ K/CFT value: ↓ fibrinogen	Cryoprecipitate Fibrinogen
α-angle	α-angle	Rate at which fibrin cross-linking occurs	45 - 75°	↓ α angle: ↓ fibrinogen	Cryoprecipitate Fibrinogen
Maximum Amplitude (MA)	Maximum Clot Firmness (MCF)	Maximum strength of clot	50 - 75 mm	↓ MA/MCF: ↓ platelet count and/or function	Platelets DDAVP
LY-30	Clot Lysis (CL)	Degradation of clot 30 minutes after MA/MCF	0 - 10%	↑ LY-30/CL: ↑ clot breakdown	TXA Amicar



Alb ↓ α 2 ↑

~~88~~ Nephrotic Sx → minimal change disease





main

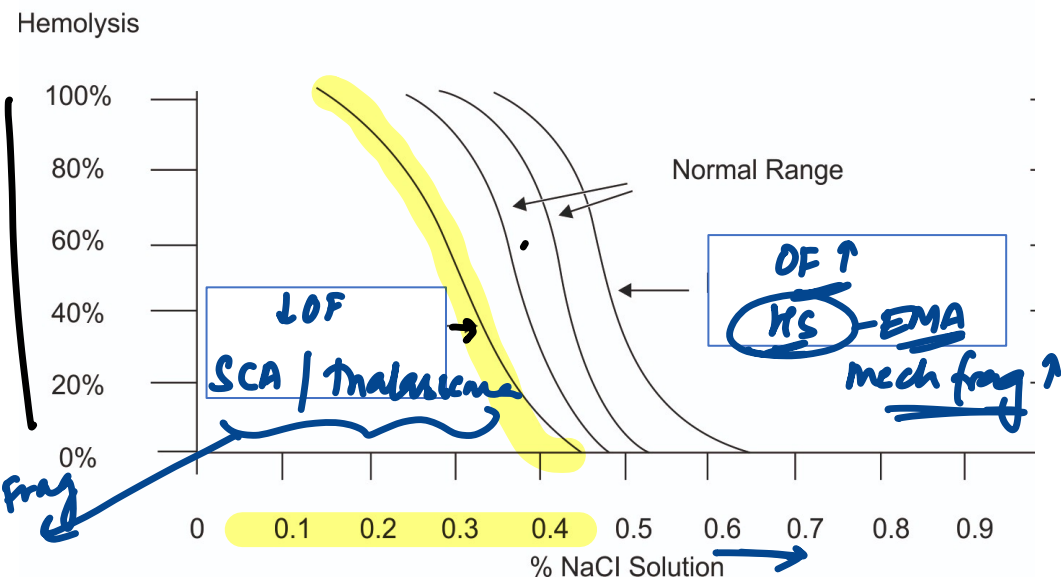
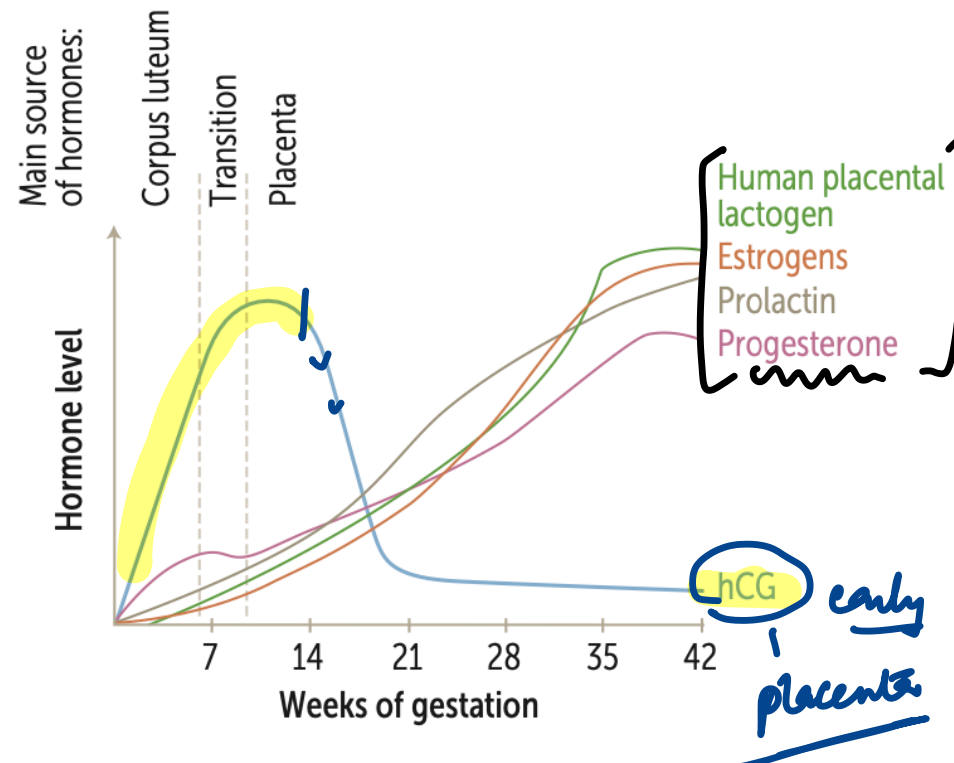
LH surge

↑ (+)

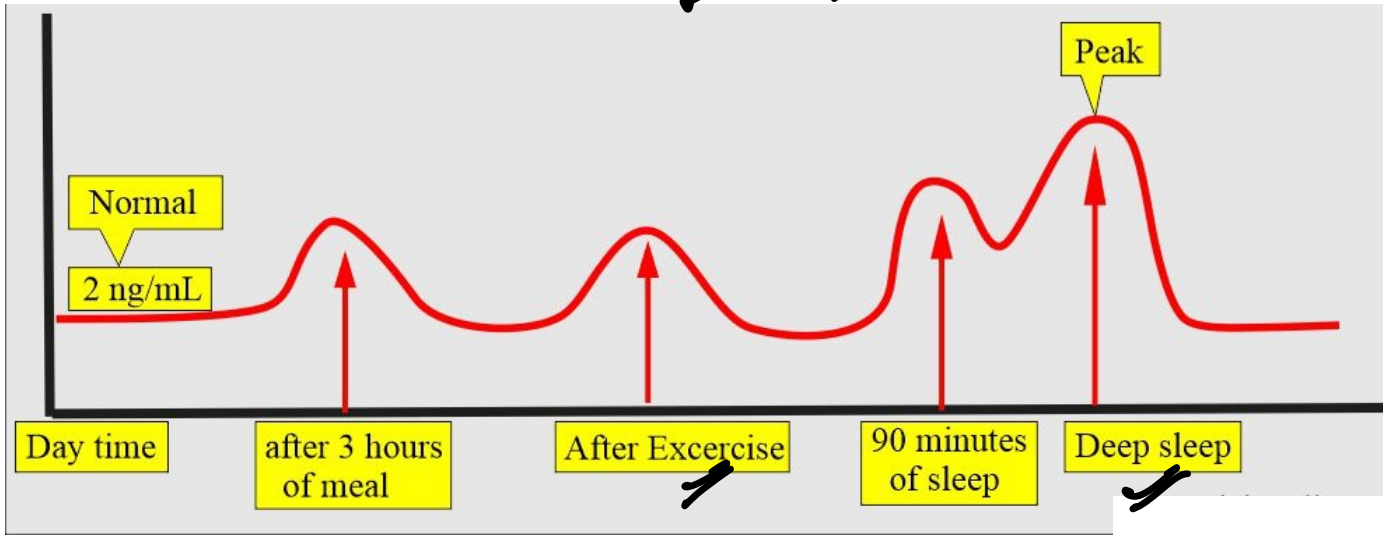
Estrogen

↑ (+)

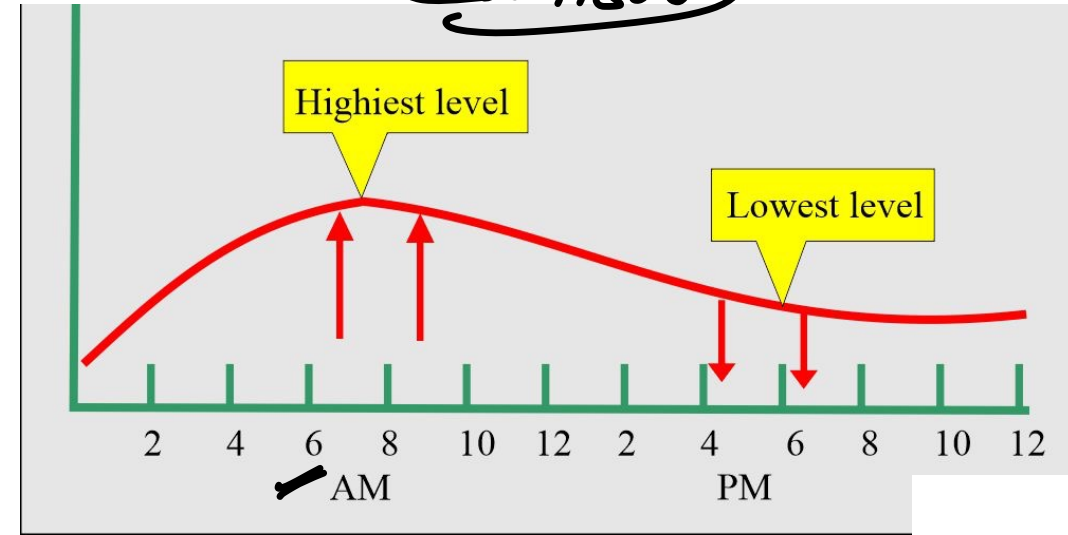
↑ (+)

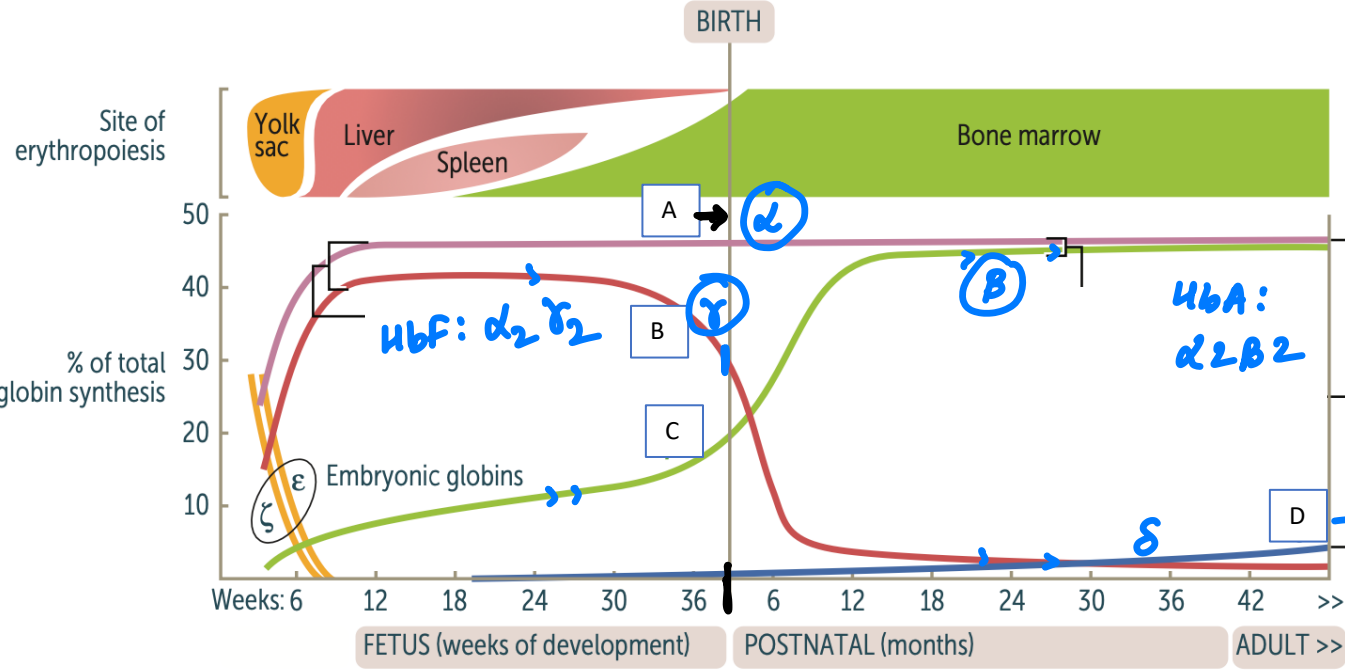


GH α



Cortisol





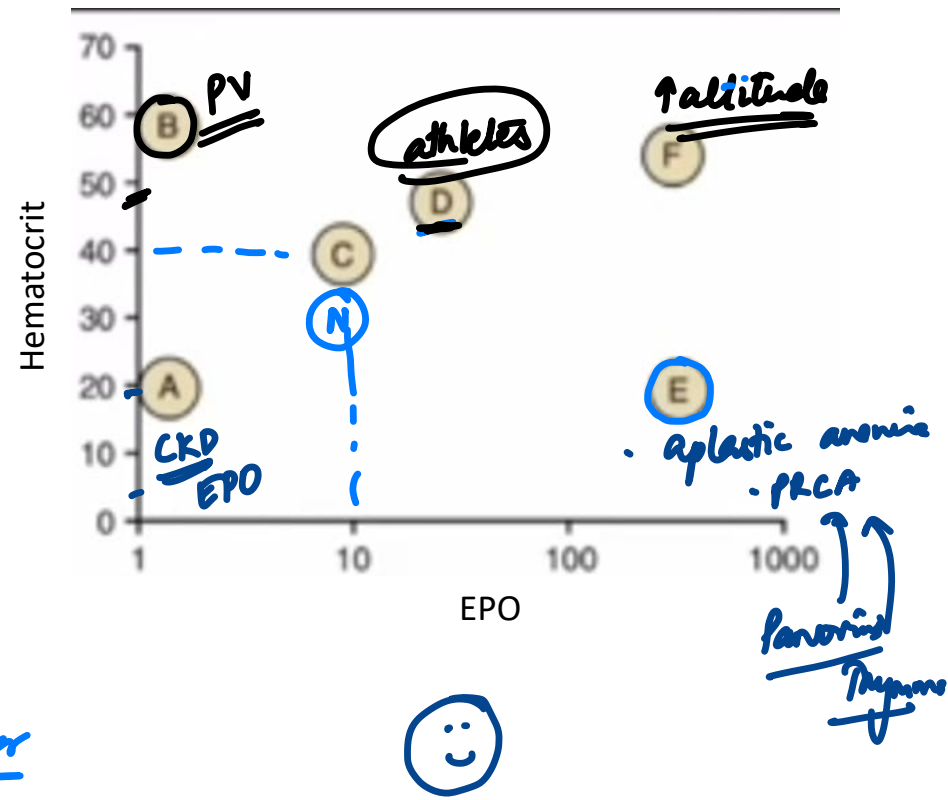
B
 γ
 δ
 α

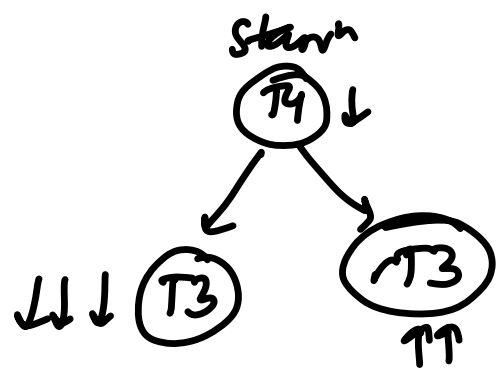
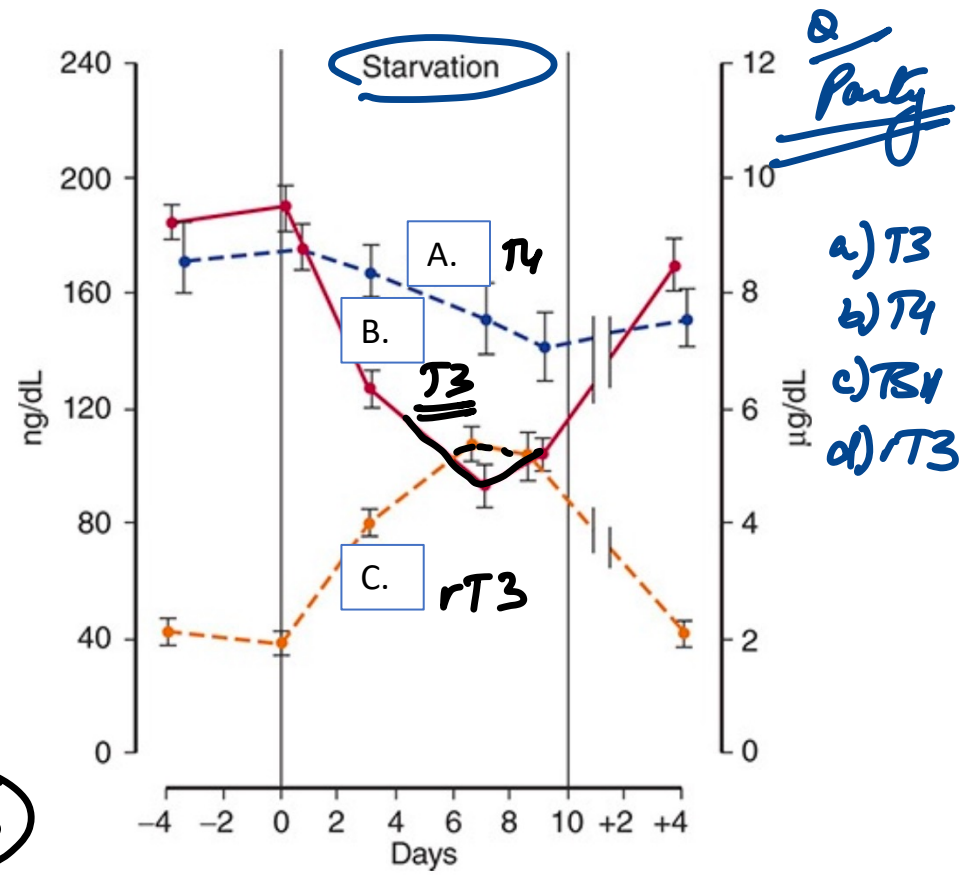
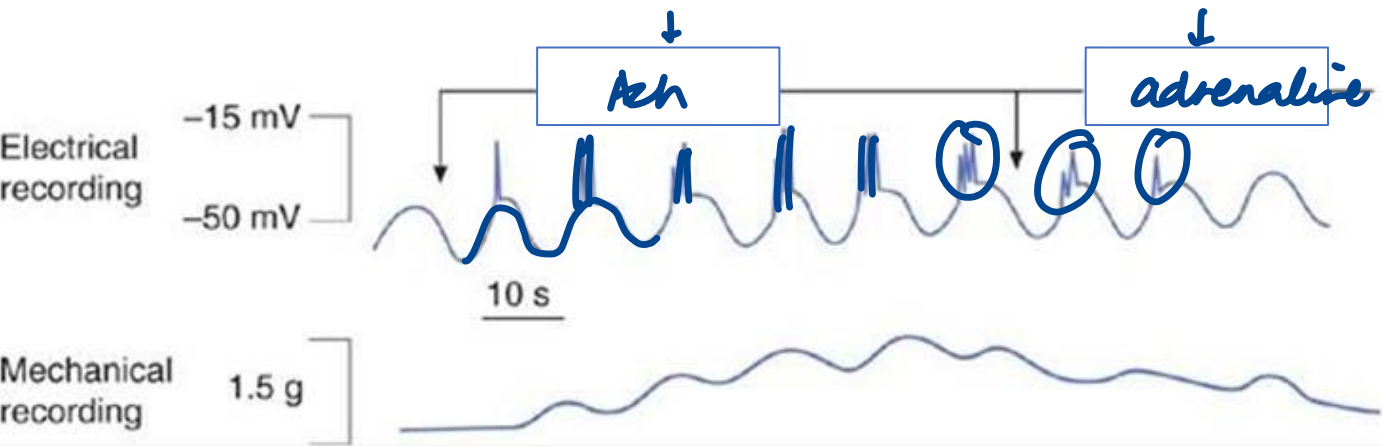
HbA2: $\alpha_2\delta_2$

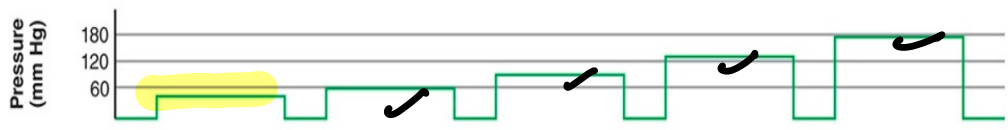
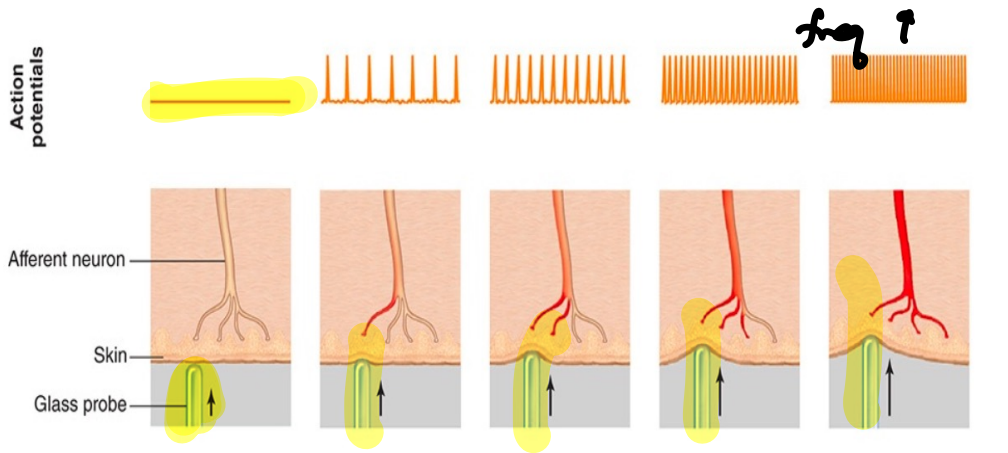
< 2%

> 3.5% - Mal minor

HPLC ✓



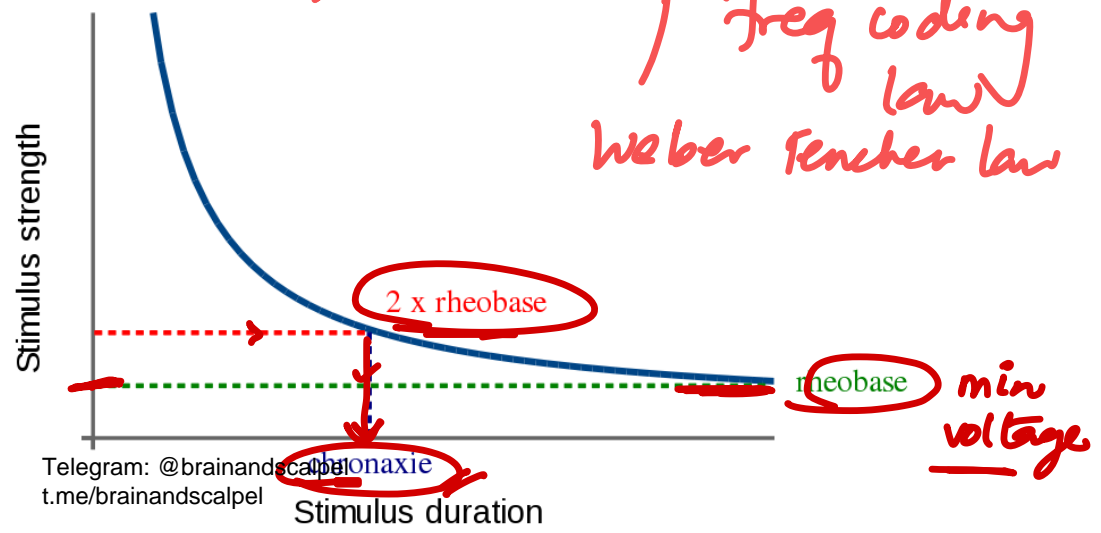




Stimulus strength \propto AP freq \propto perception

freq coding low

Weber Fenchel law



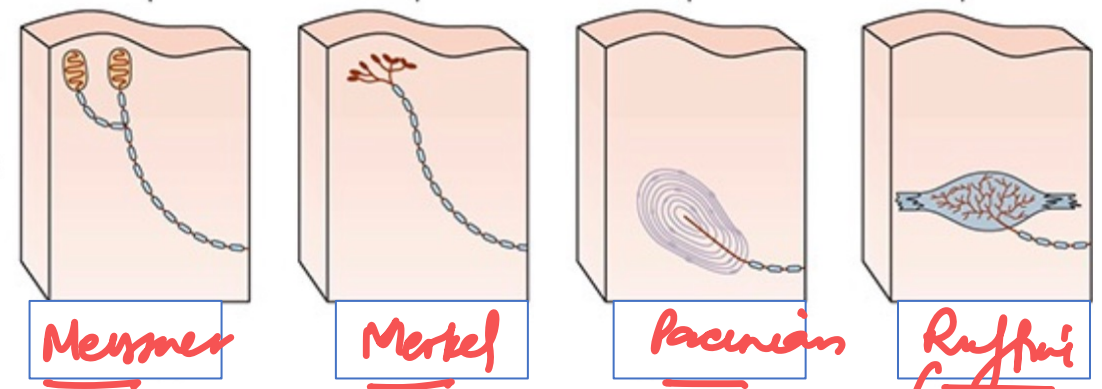
Telegram: @brainandscalpel
t.me/brainandscalpel

A Modality

Touch

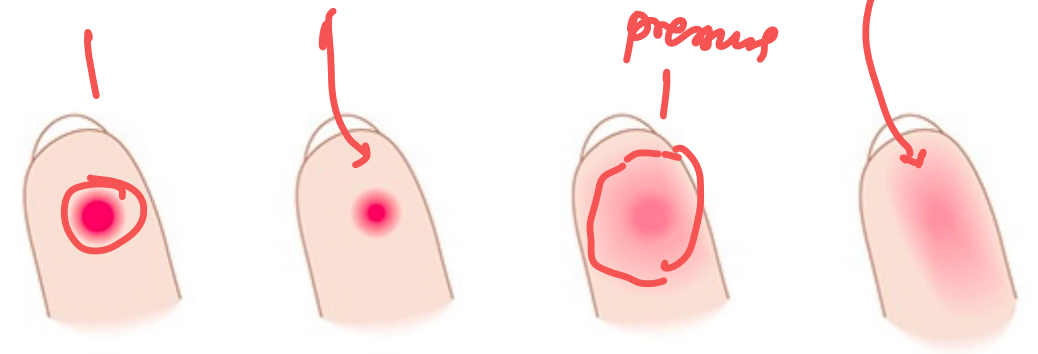


Receptors



B Location

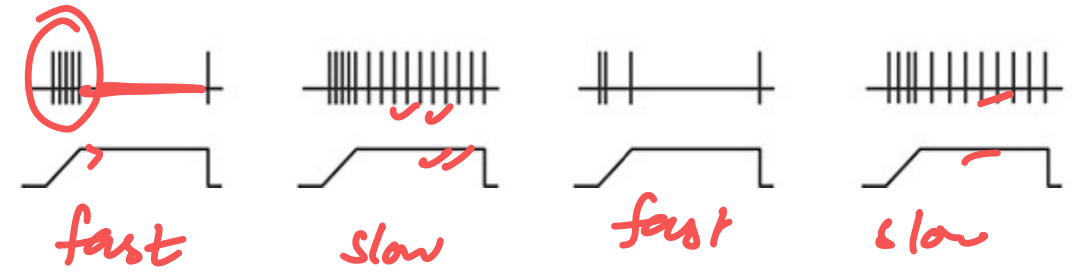
Receptive field

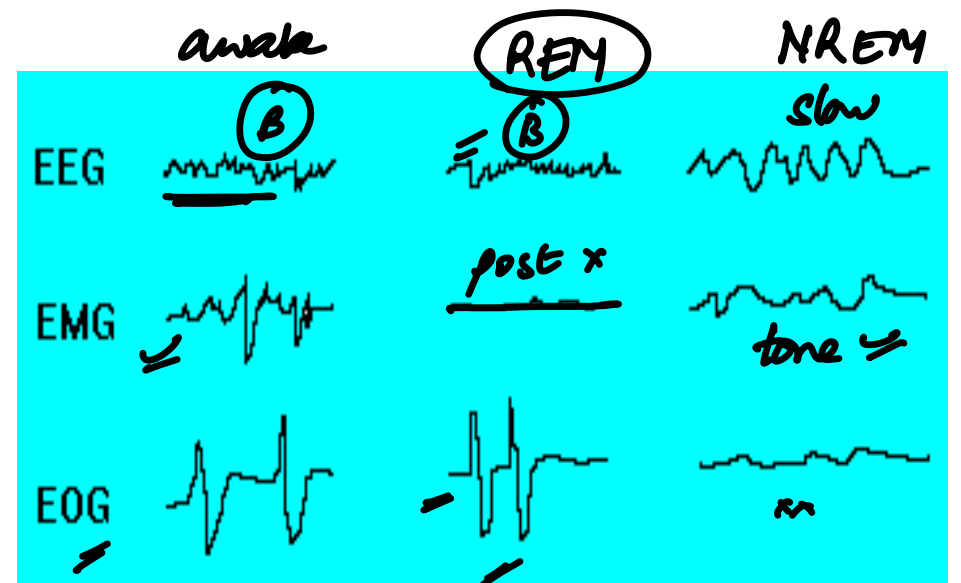
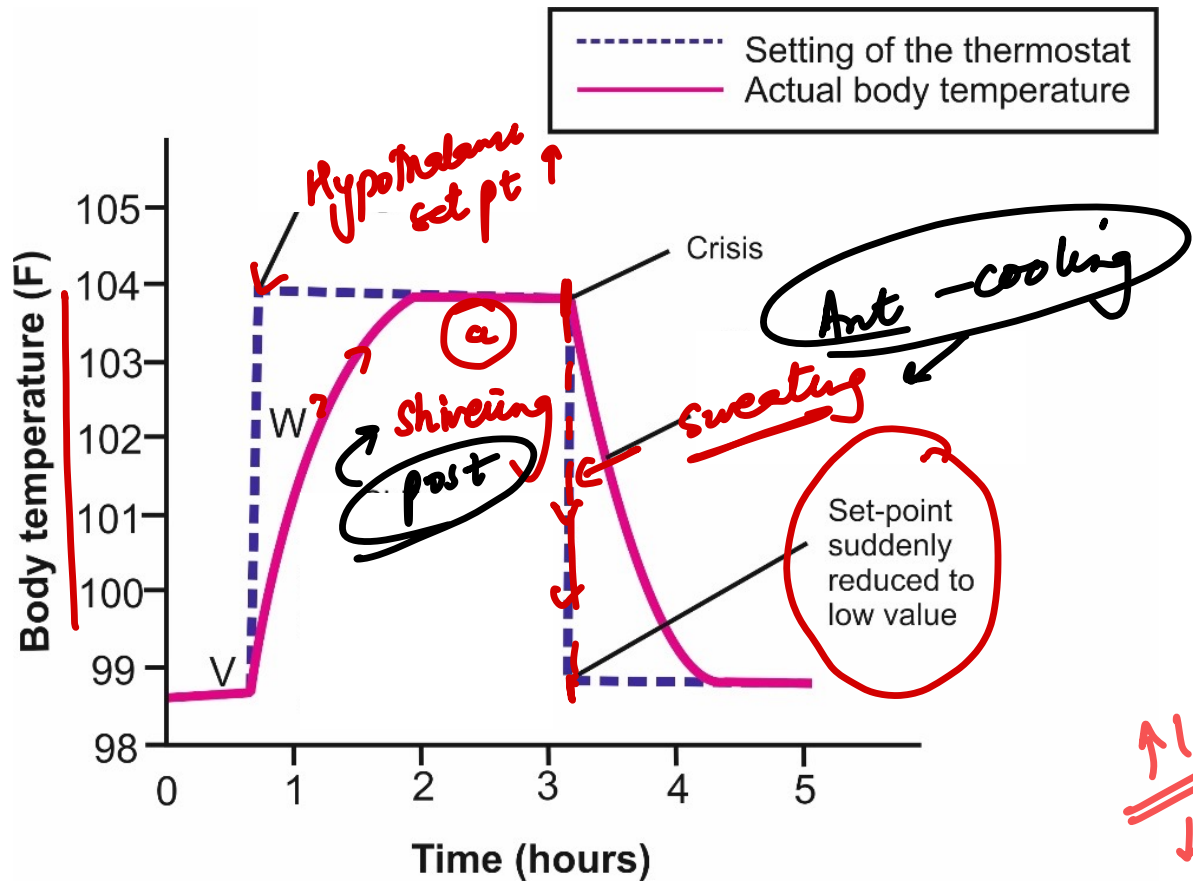


C Intensity and time course

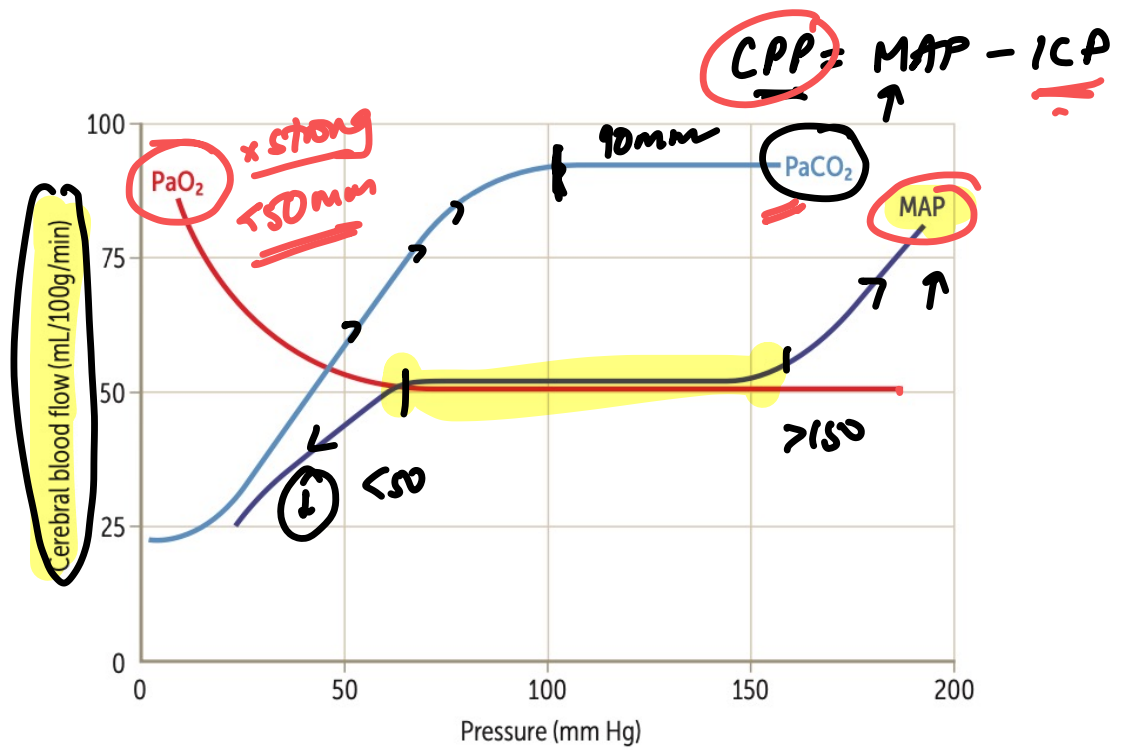
Neural spike train

Stimulus





↑ ICP
 ↓ Hypervent
 ↓ P_{CO2}
 CPP ↓

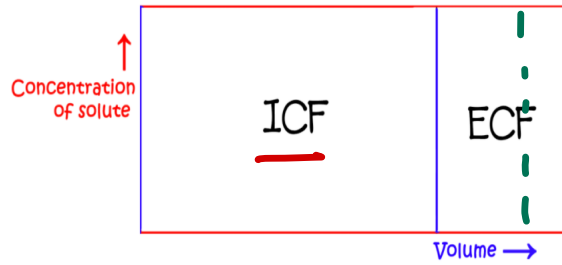


Darrow-Yannet diagrams

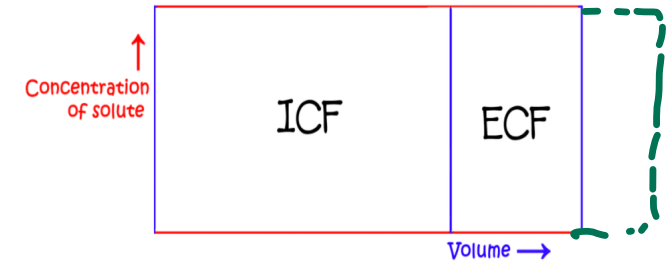
OSM

ECF

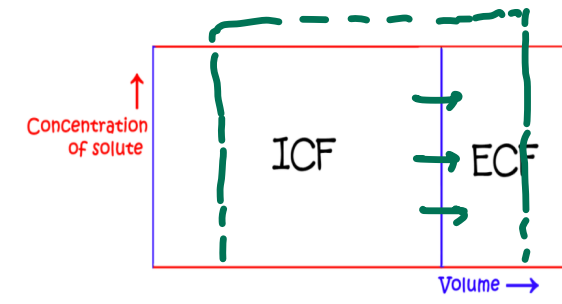
Loss of isotonic fluid - diarrhea



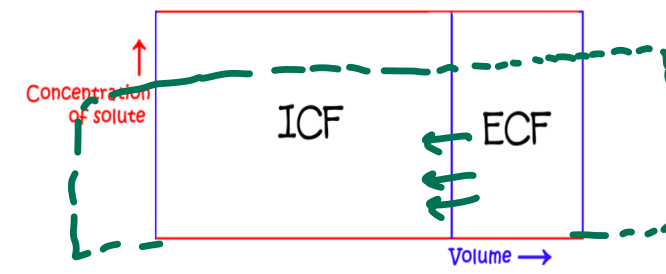
Gain of isotonic fluid - isotonic saline



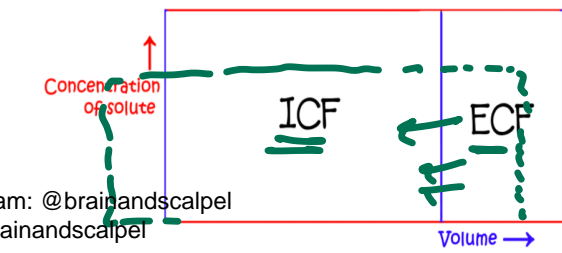
Loss of hypotonic fluid - sweating



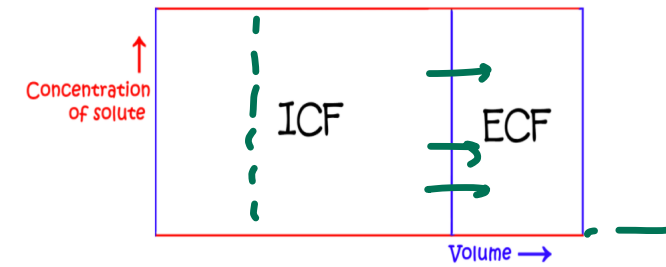
Gain of hypotonic fluid - polydipsia

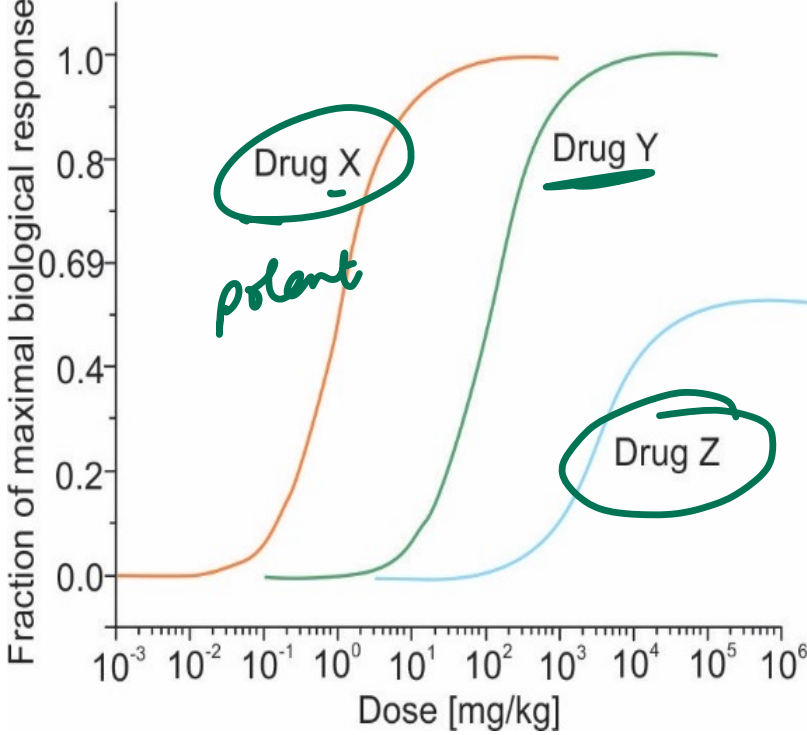


Loss of hypertonic fluid - addum / loop diuretics

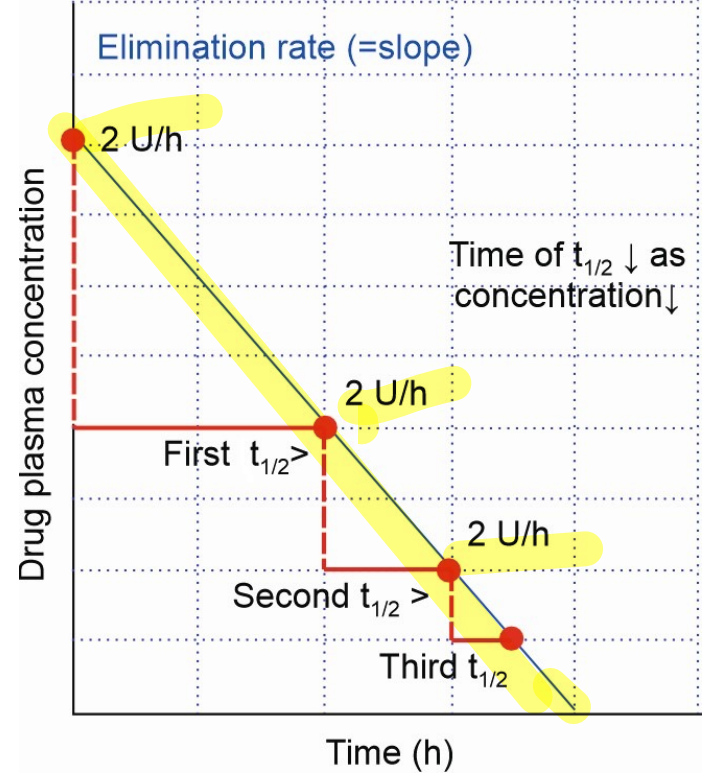


Gain of hypertonic fluid - hypertonic saline





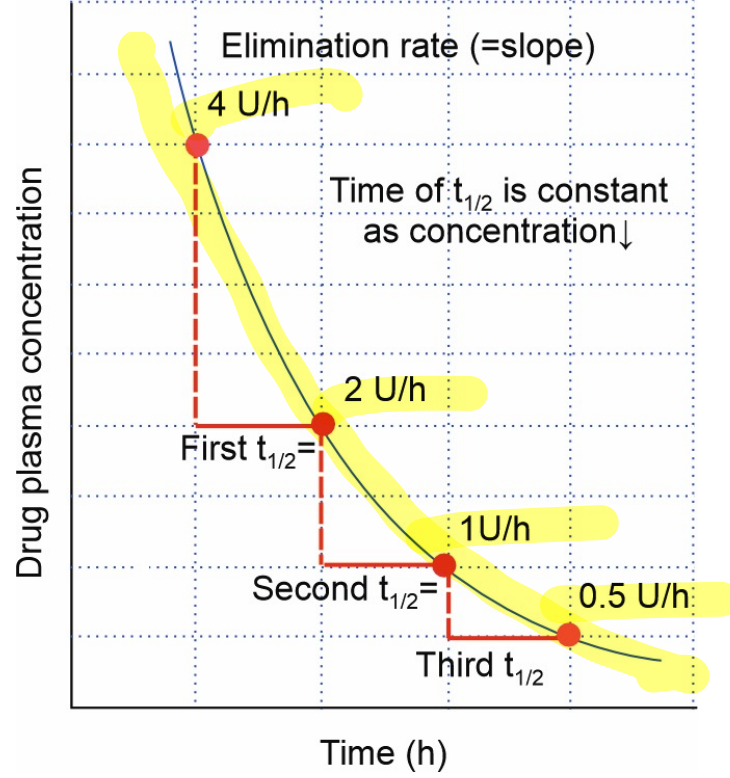
HELP



↓

Zero order

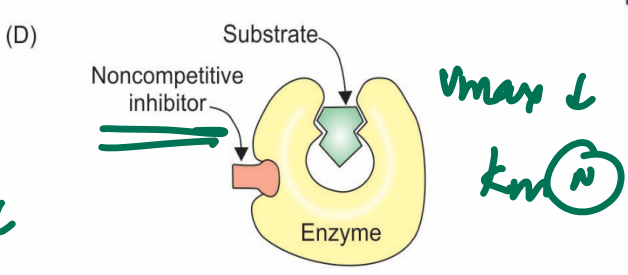
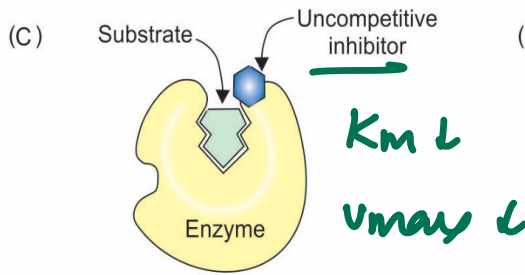
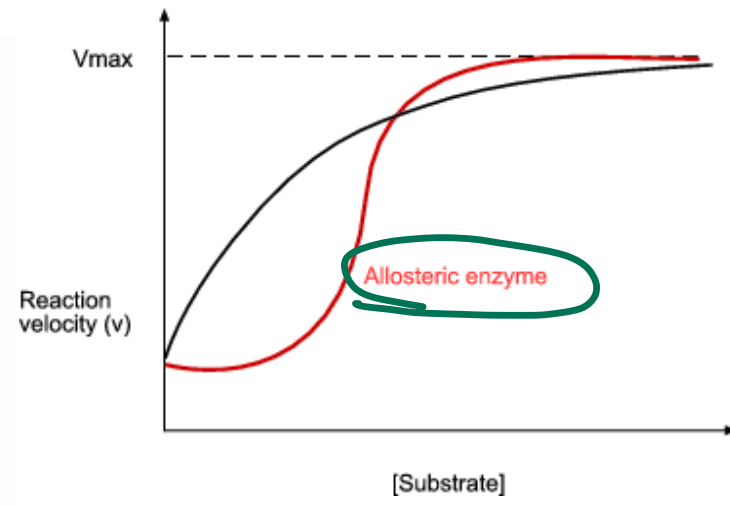
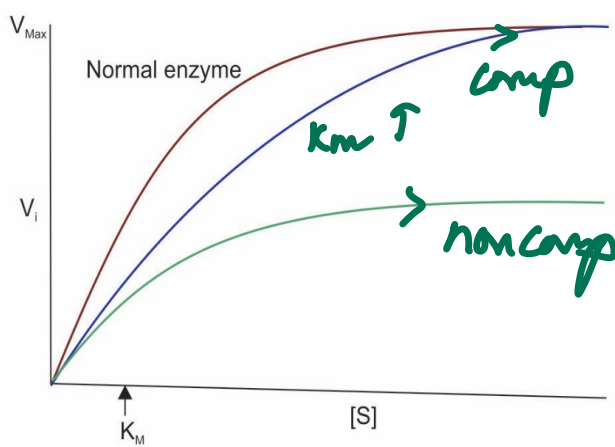
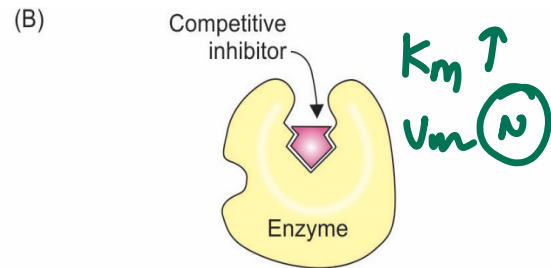
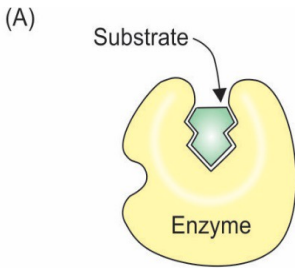
amt



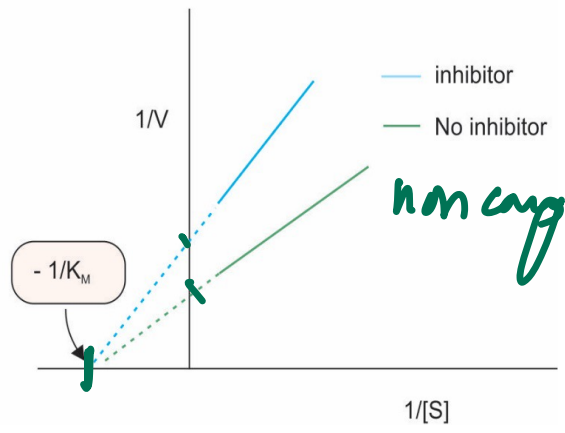
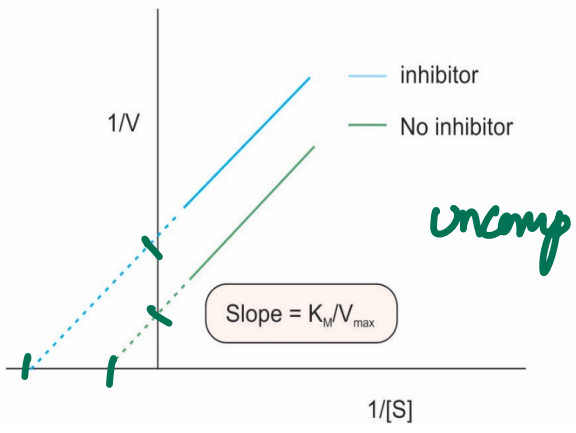
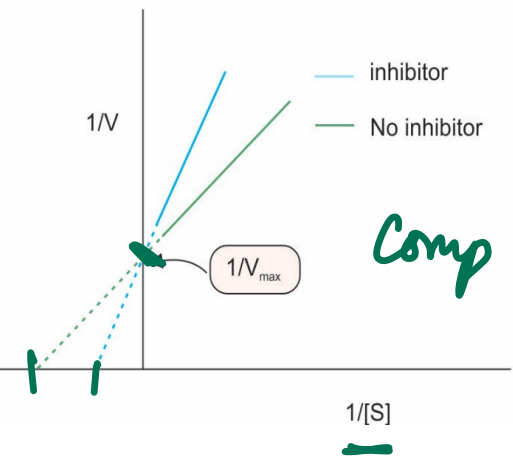
↓

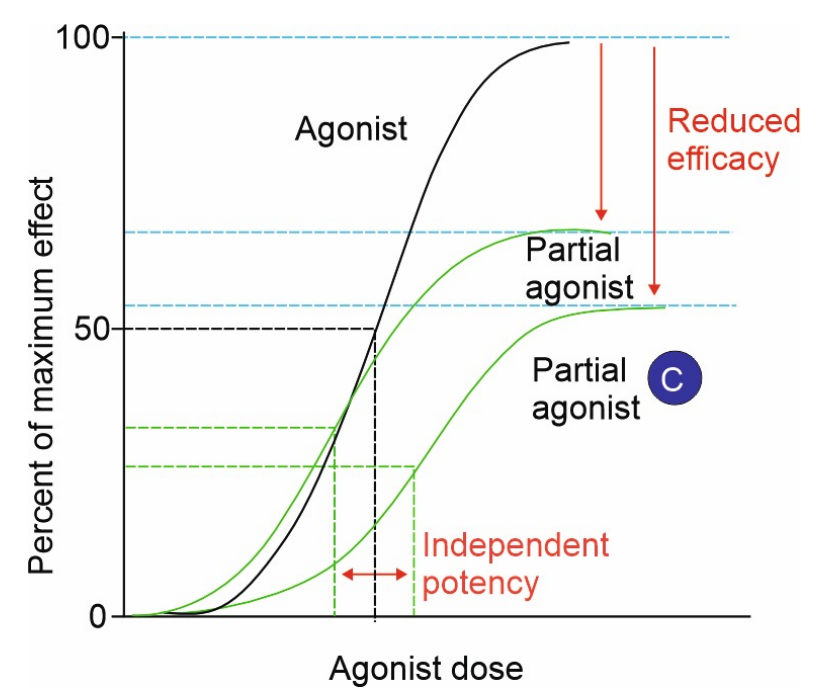
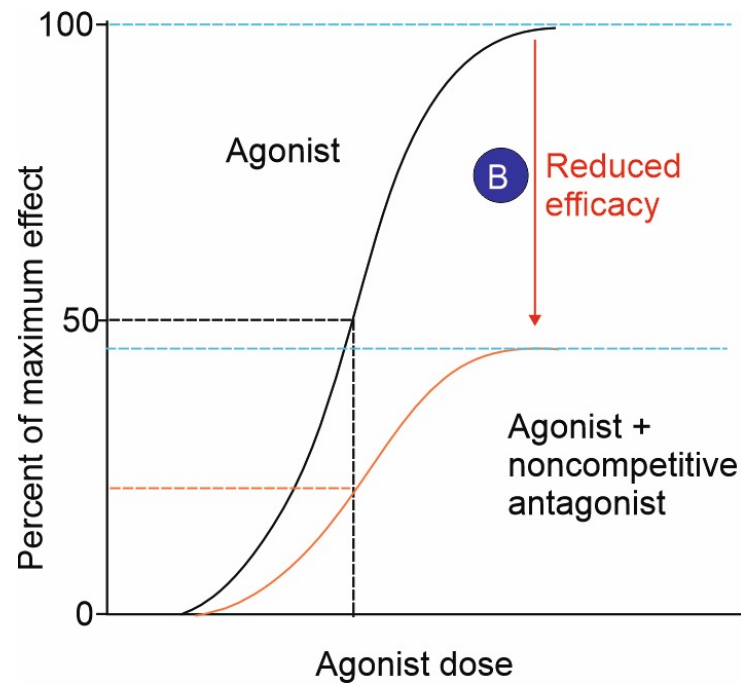
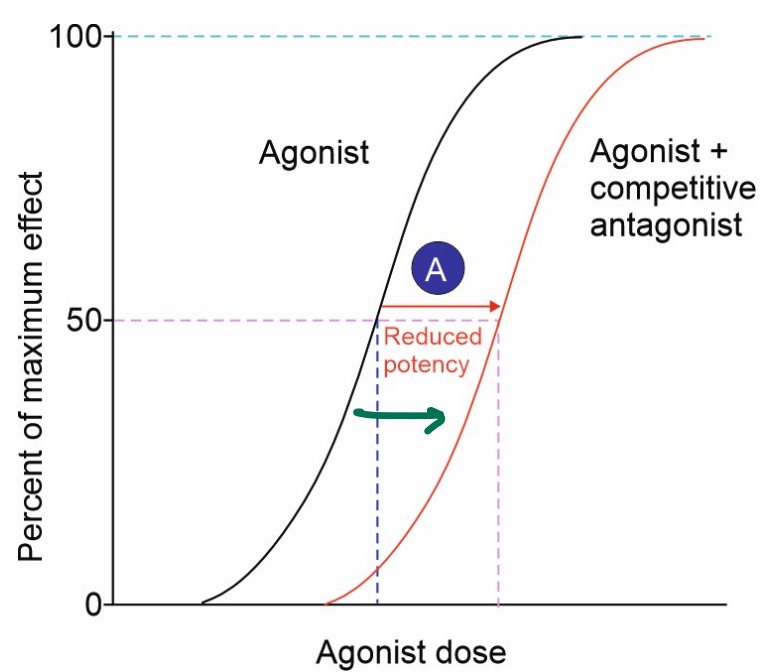
1st order

fraction

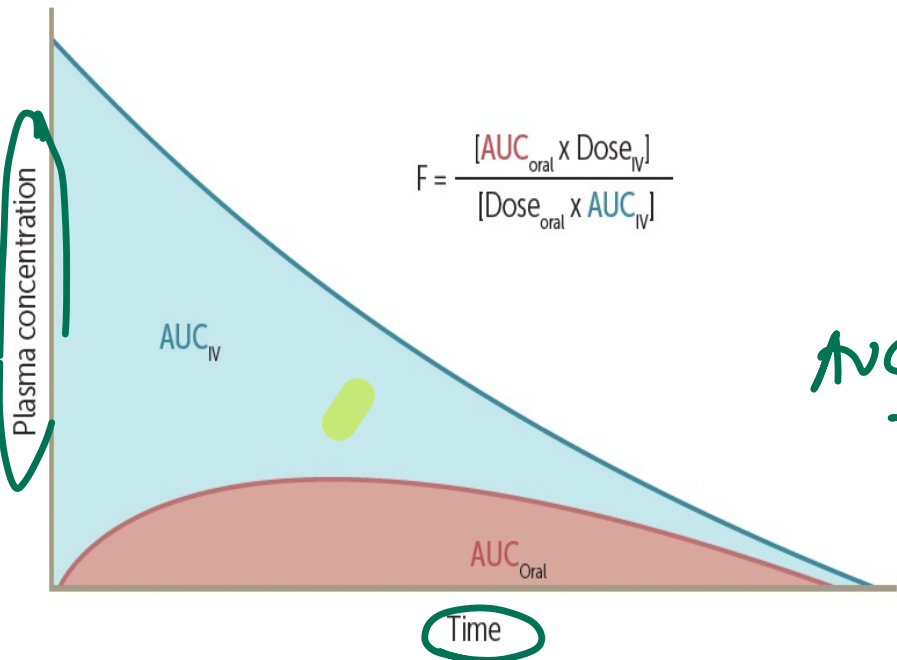


The lineweaver-burk plots for inhibition



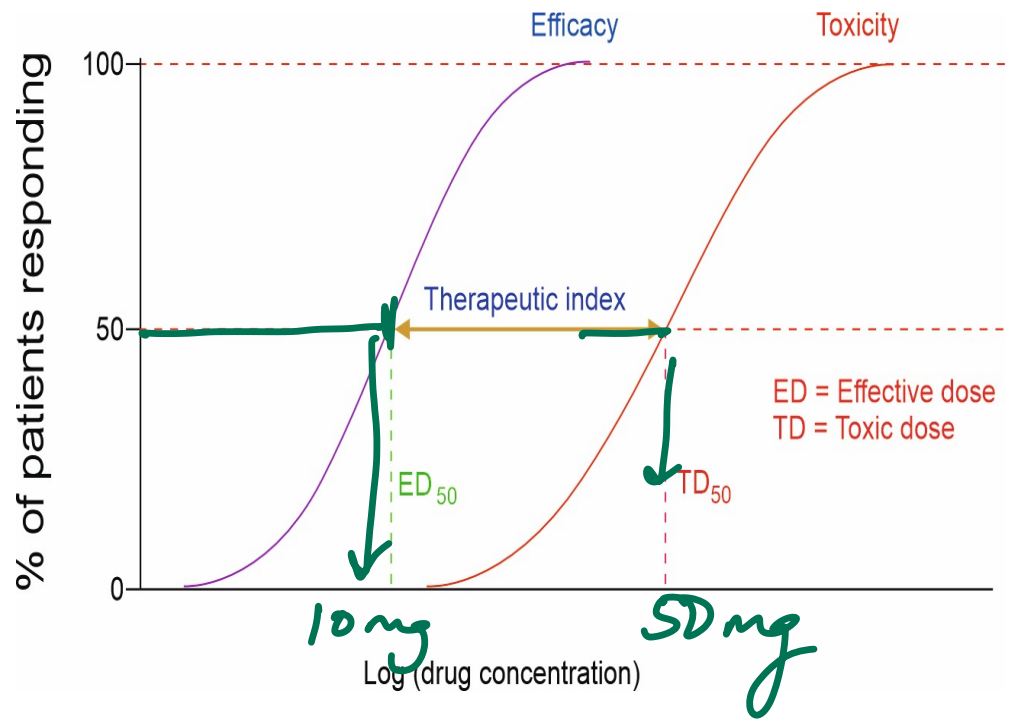


AGONIST WITH	POTENCY	EFFICACY	REMARKS	EXAMPLE
A Competitive antagonist	↓	↔	Can be overcome by ↑ agonist concentration	Diazepam (agonist) + flumazenil (competitive antagonist) on GABA _A receptor.
B Noncompetitive antagonist	↔	↓	Cannot be overcome by ↑ agonist concentration	Norepinephrine (agonist) + phenoxybenzamine (noncompetitive antagonist) on α-receptors.
C Partial agonist (alone)	Independent	↓	Acts at same site as full agonist	Morphine (full agonist) vs buprenorphine (partial agonist) at opioid μ-receptors.



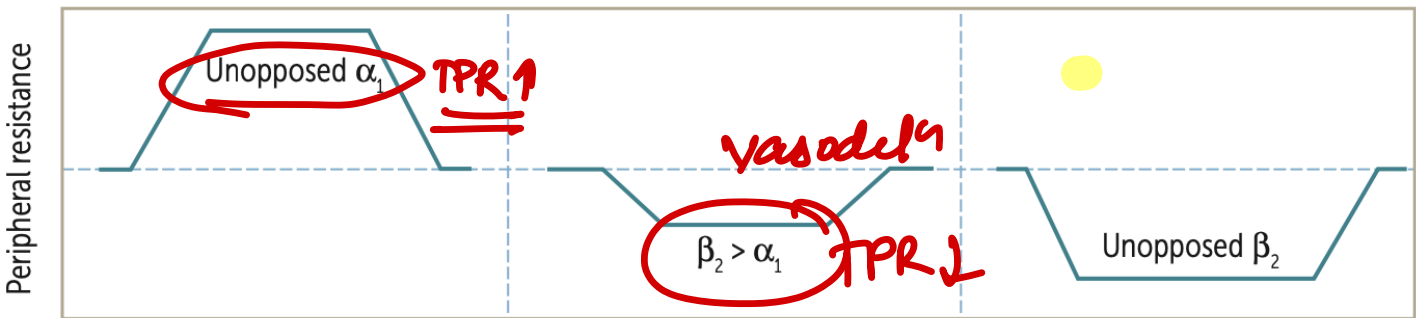
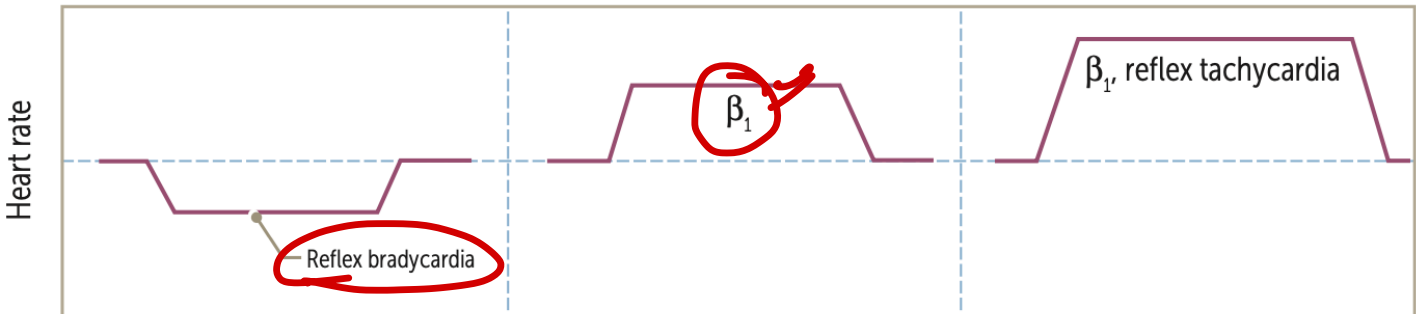
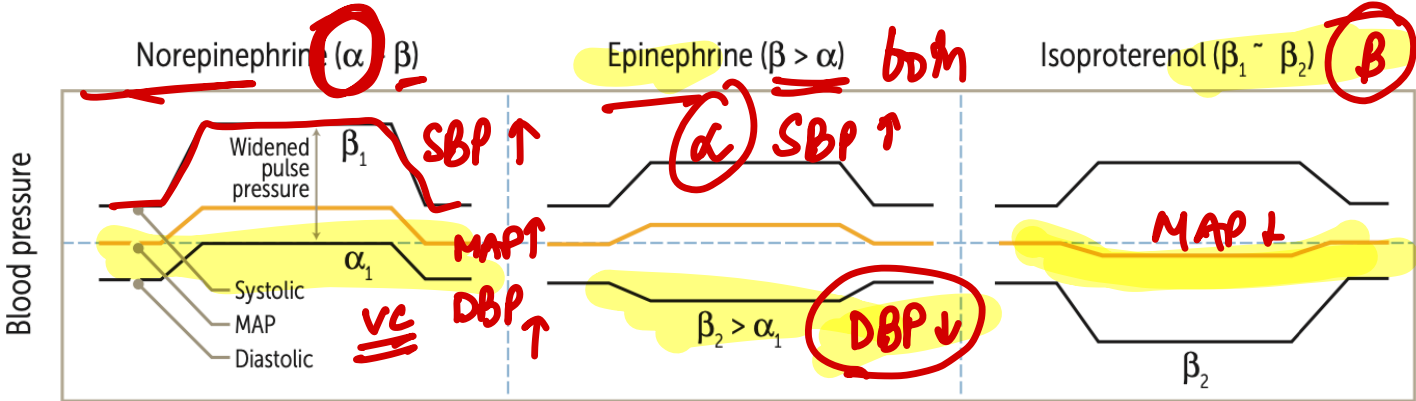
$$F = \frac{[AUC_{oral} \times Dose_{IV}]}{[Dose_{oral} \times AUC_{IV}]}$$

$AUC = BA (F)$



$$TI = \frac{TD_{50} / LD_{50}}{ED_{50}}$$

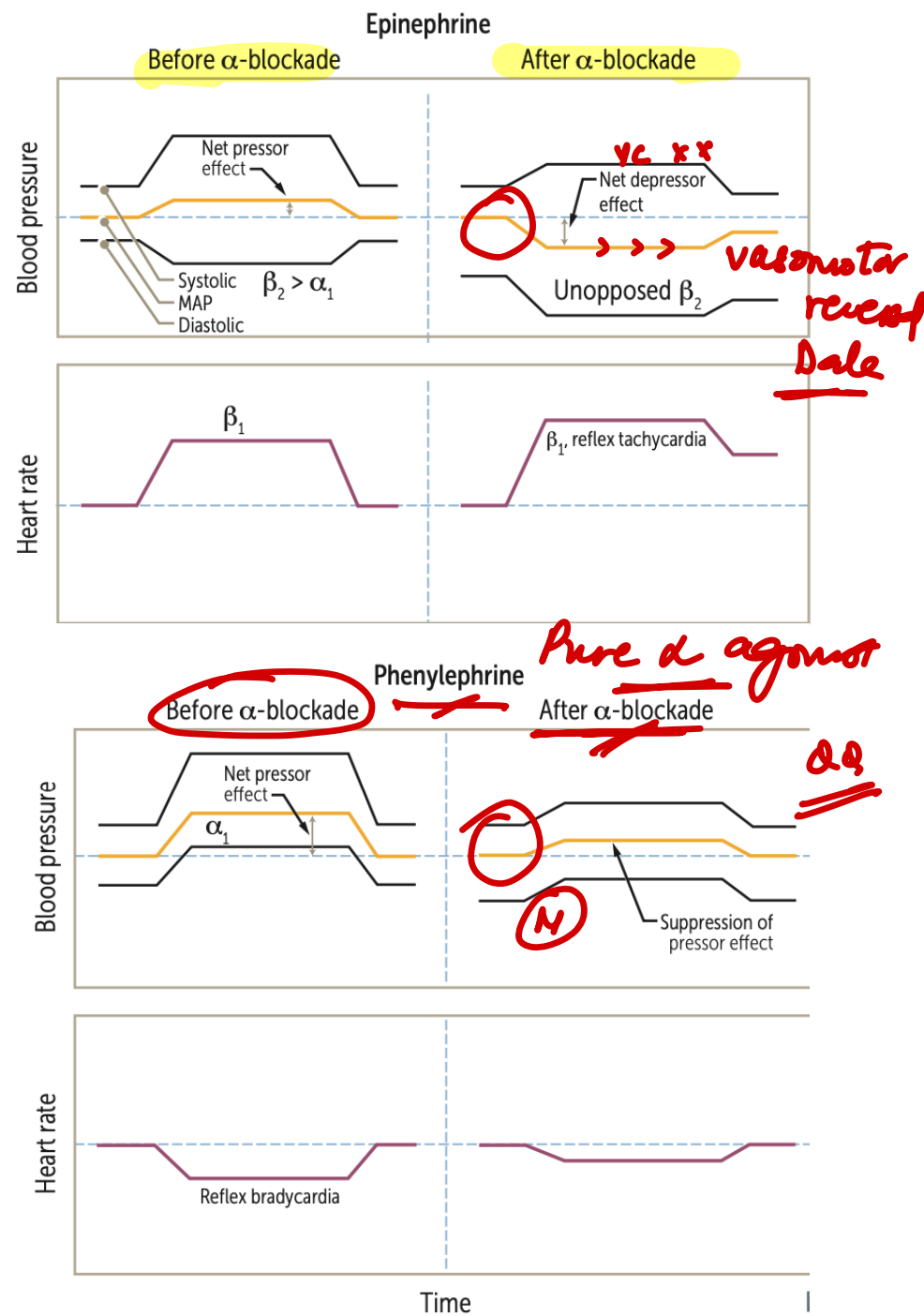
$$= \frac{50}{10} = 5$$

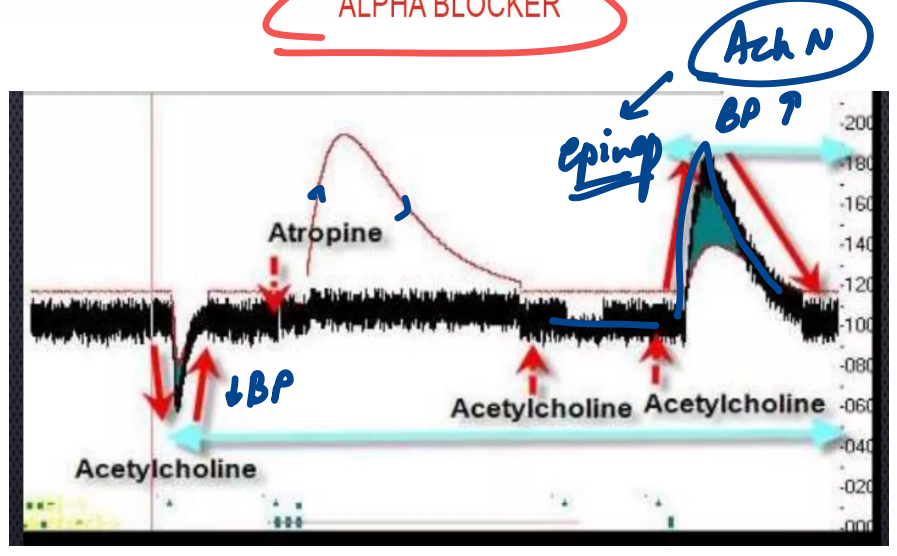
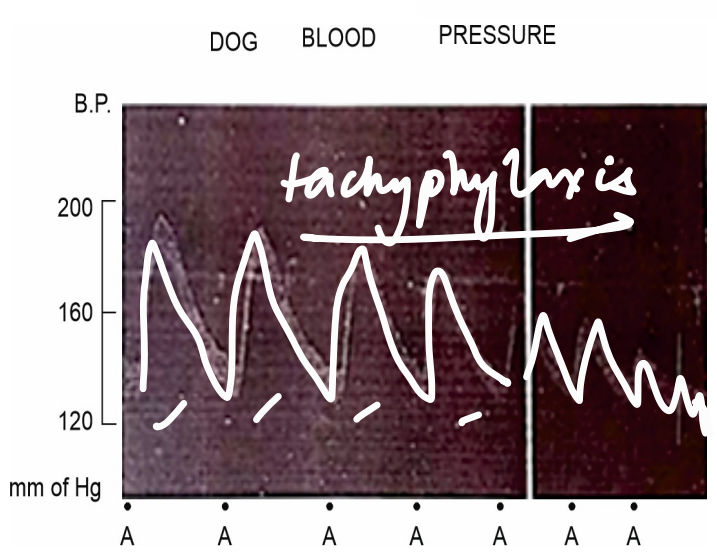
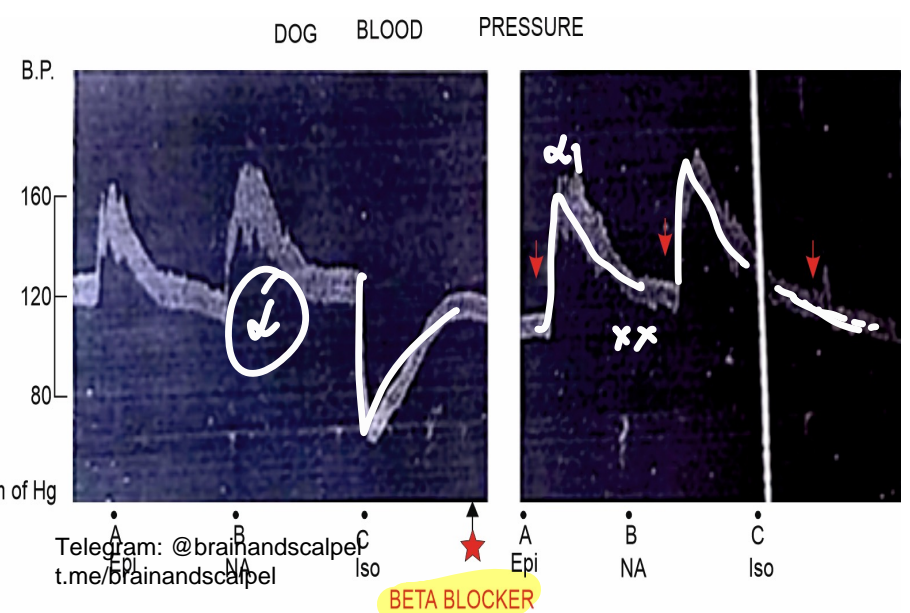
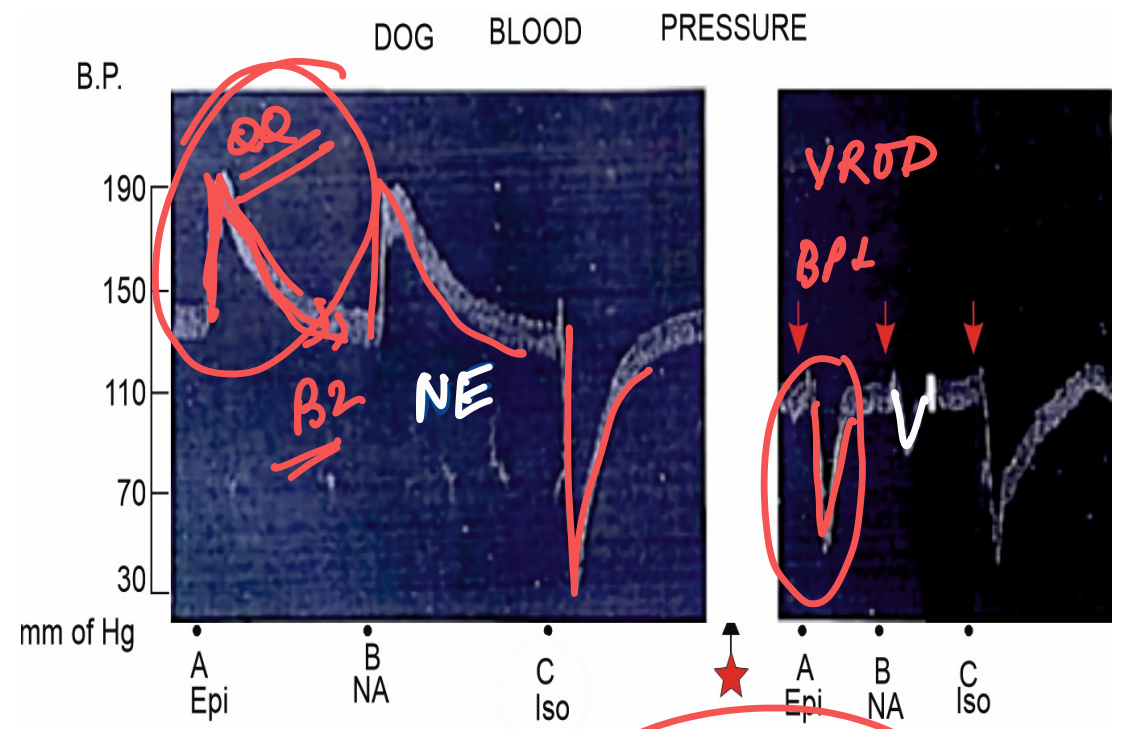
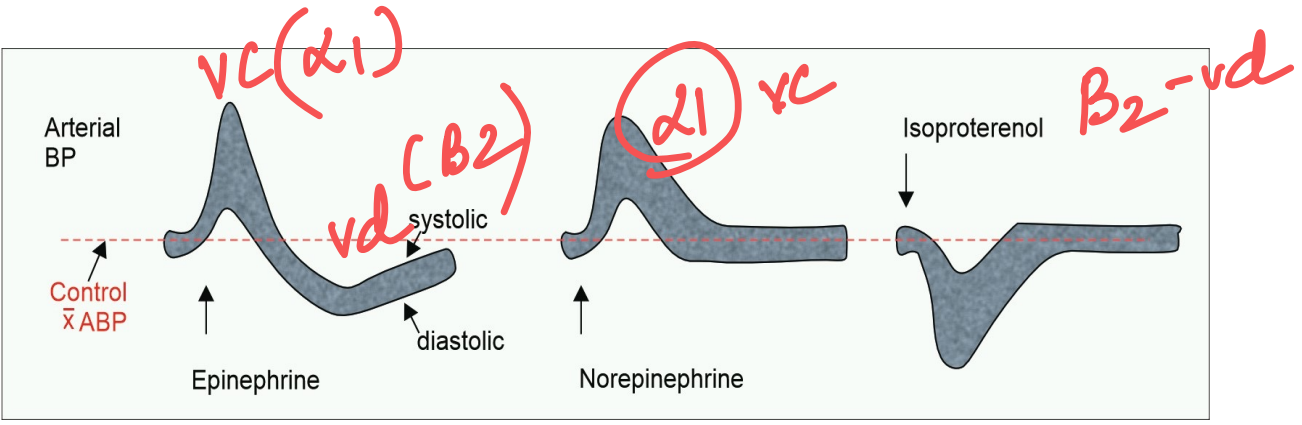


CO	\leftrightarrow
HR	\downarrow
MAP	$\uparrow\uparrow$
PP	\uparrow

CO	\uparrow
HR	\uparrow
MAP	\uparrow
PP	\uparrow

CO	$\uparrow\uparrow$
HR	$\uparrow\uparrow$
MAP	\downarrow
PP	$\uparrow\uparrow$





Telegram: @brainandscalpel
t.me/brainandscalpel

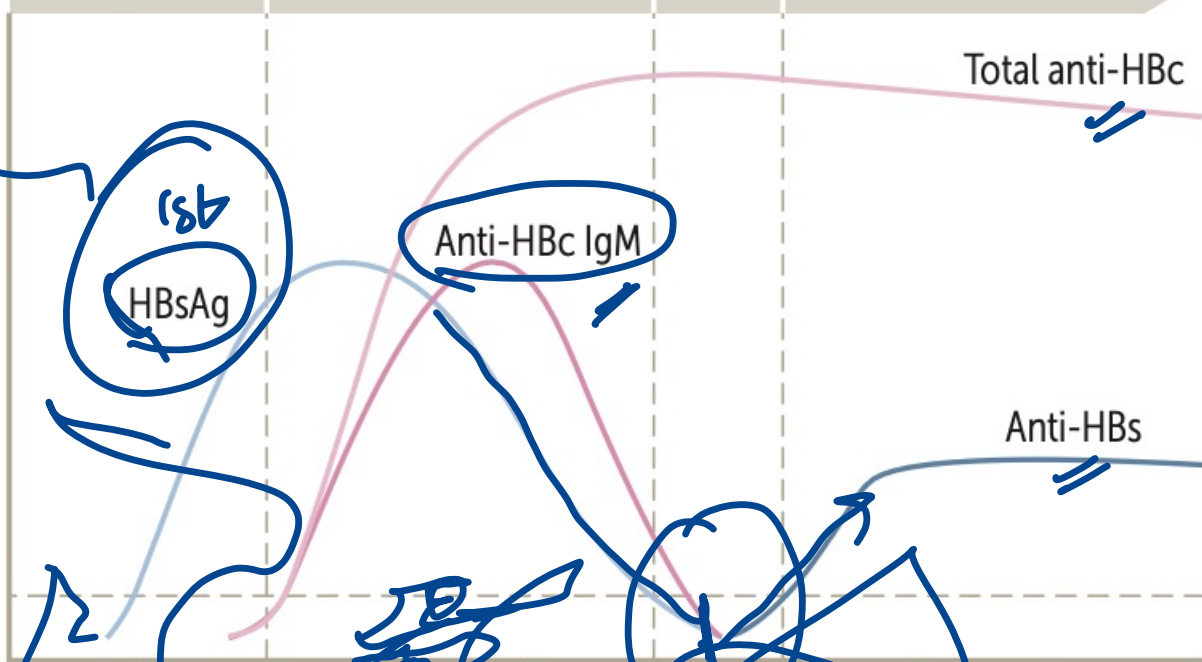
BETA BLOCKER

Infection phase

Incubation Acute infection Window Recovery

Relative concentration of reactants

Level of detection



Approximate months after exposure

Window