

# YAKEFI MEET 2.0

2026

**BODY FLUIDS AND CIRCULATIONS** 

**ZOOLOGY** 

Lecture - 8

By- SAMAPTI MAM





## Topics to be covered



- 1 ECG, double circulation, coronary, hepatic circulation
- 2
- 3
- 4

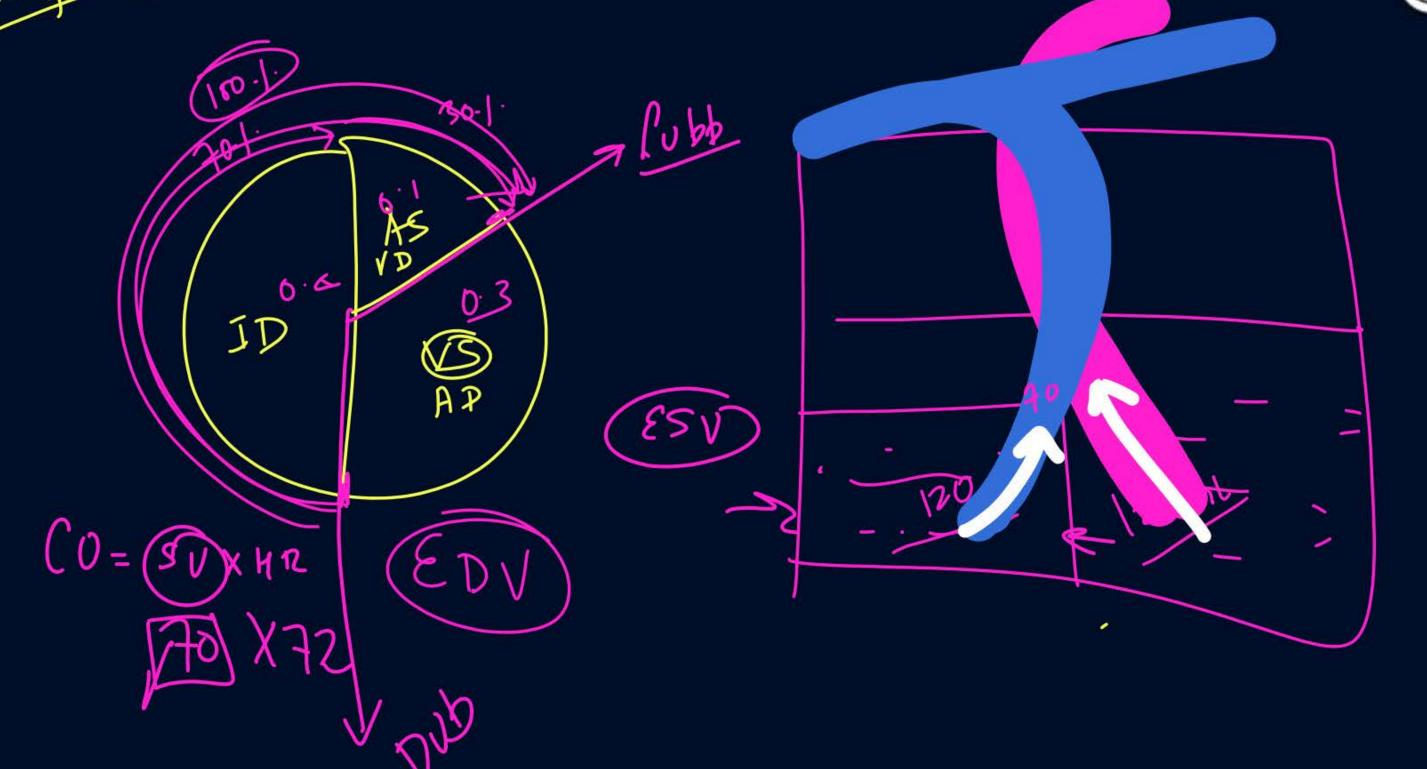
#### **MY TELEGRAM**





# Lawsphex green

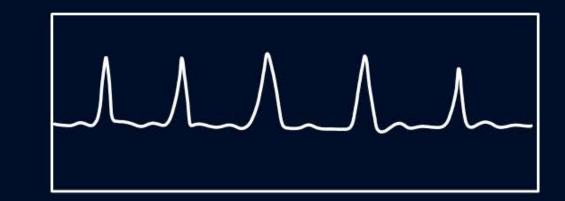




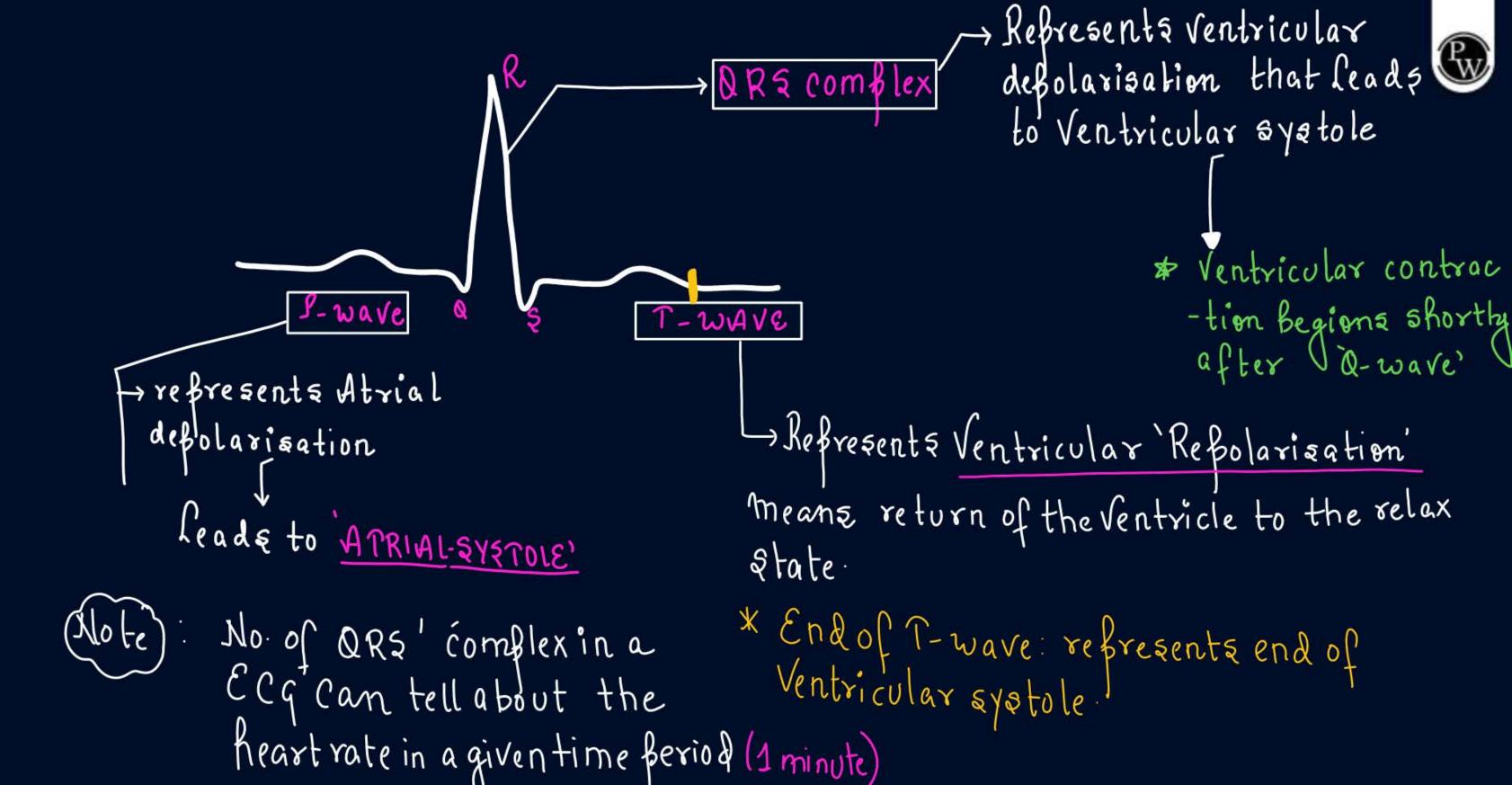
## · Electrocardiogram (E. C.G.)



· To record the electrical activity of the Heart there is a device called ELECTROCARDIOGRAPH' that gives a graphical representation of this K/a 'ELECTROCARDIOGRAM'



- · To obtain a standard ECq' 3 electroles areused; one connected to each wrist & one to the left ankle.
- for detailed evaluation, multiple electrodes can be used (12 electrodes) connected to Chest region as well.



- Extraction (Heart attack)

  Enlarged Pwave: A Size of Atria

  Enlarged 'QRS': Condition of Myocardial infarction (Heart attack)

  Flat T-wave: Myocardial ischemia (Low 0250 pply)

· Ecqie of great Clinical significance

#### 15.3.3 Electrocardiograph (ECG)

Figure 15.3), a patient is connected to the machine with three electrical leads (one to each wrist and to the left ankle) that continuously monitor the heart activity. For a detailed evaluation of the heart's function, multiple leads are attached to the chest region. Here, we will talk only about a standard ECG.

Each peak in the ECG is identified with a letter from P to T that corresponds to a specific electrical activity of the heart.

The P-wave represents the electrical excitation (or depolarisation) of the atria, which leads to the contraction of both the atria.

The QRS complex represents the **depolarisation of the ventricles**, which initiates the ventricular contraction. The contraction starts shortly after Q and marks the beginning of the systole.

The T-wave represents the return of the ventricles from excited to normal state (repolarisation). The end of the T-wave marks the end of systole.

Obviously, by counting the number of QRS complexes that occur in a given time period, one can determine the heart beat rate of an individual. Since the ECGs obtained from different individuals have roughly the same shape for a given lead configuration, any deviation from this shape indicates a possible abnormality or disease. Hence, it is of a great clinical significance.

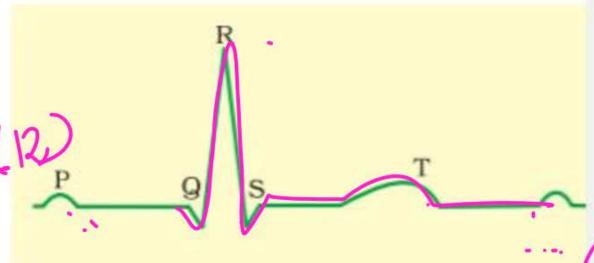
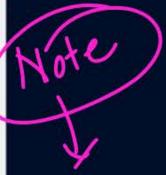
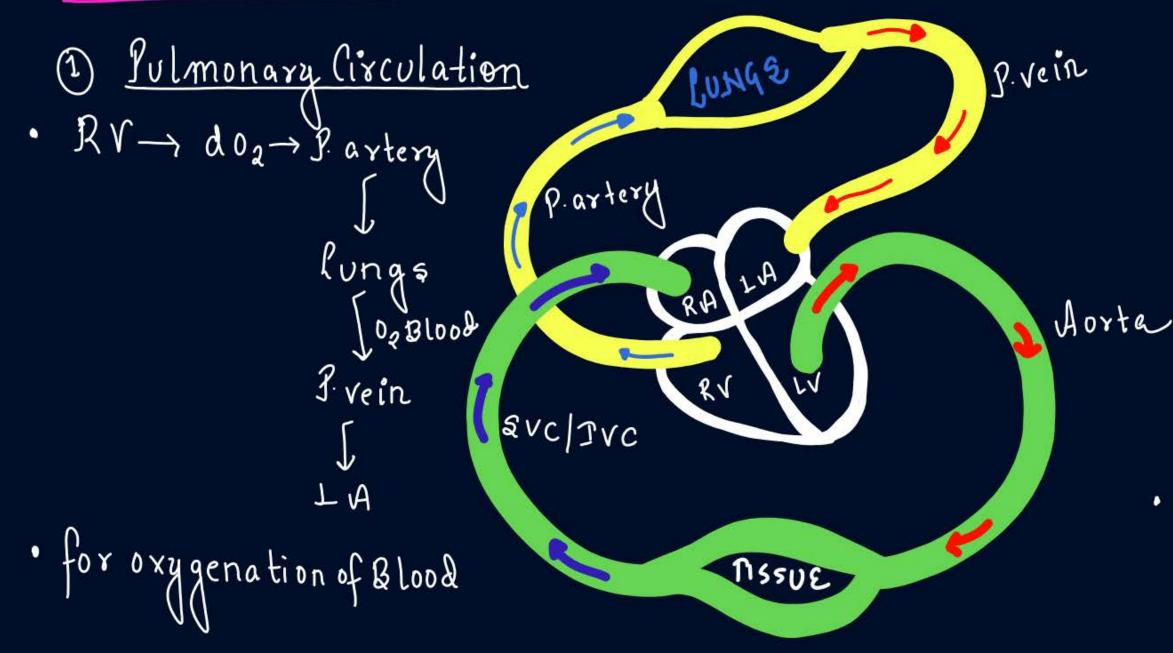


Figure 15.3 Diagrammatic presentation of a standard ECG



#### Double Circulation:



2) Systemic Circul - Ation



· LV -> O2 Blood -> Aoxta

Tissue

\$ do2

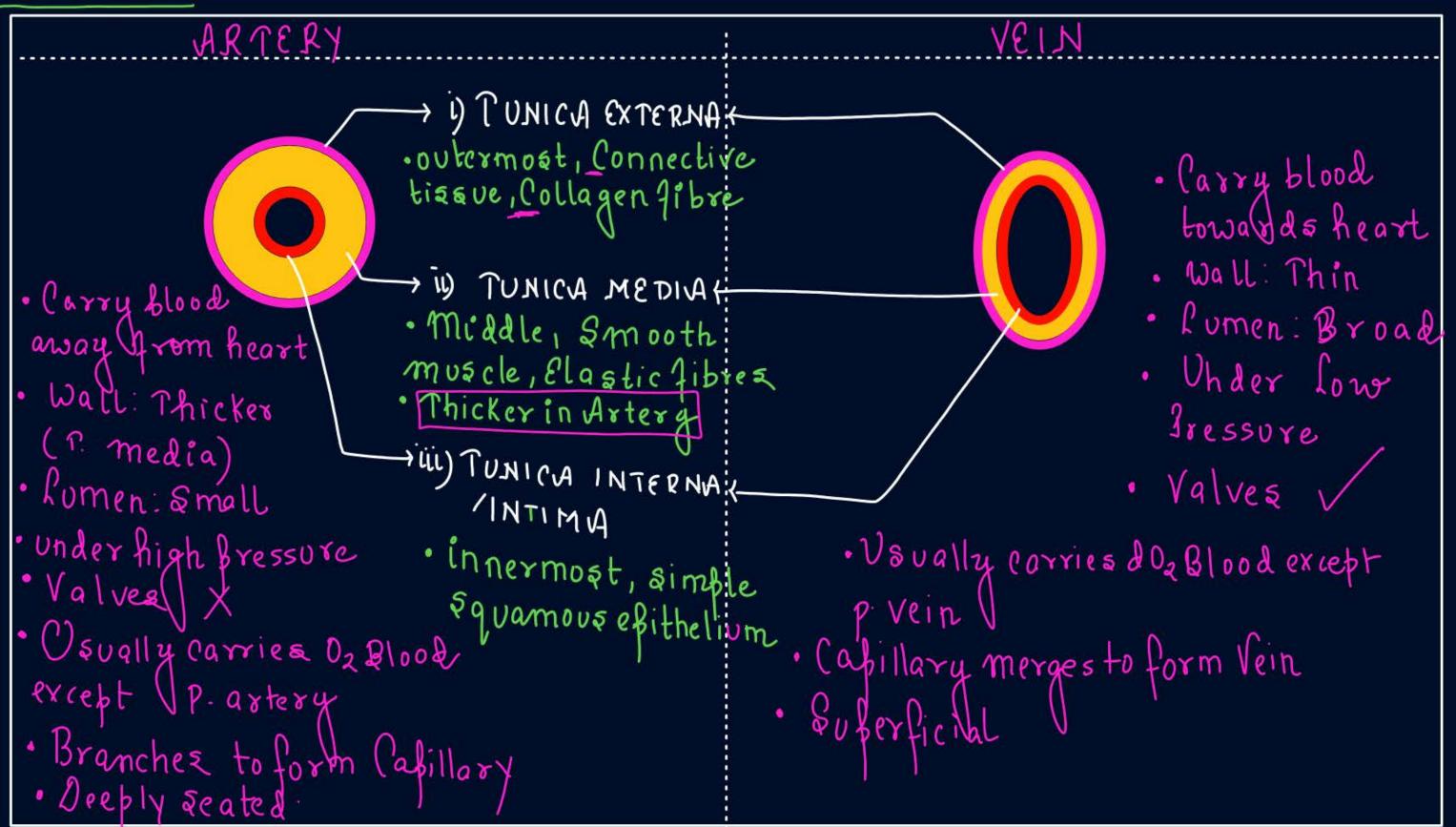
Blood

QVC |TVC

\$ RA

· Transport of Ozimutrients to the tissue a removal of harmful waste from the tissue. Blood Vessel:





## (Note) Capillary: Simple squamous epithelium



(2) Coronary Circulation: About 10-1. of the Blood bumped by heart is also received by the heart itself: CORONARY CIRCULATION

· Aorta - 02 Blood - Coronary Artery or Heart muscle do Blood

Right Coronary Coronary Vein Altrium Sinus Blood

#### 15.4 DOUBLE CIRCULATION

The blood flows strictly by a fixed route through Blood Vessels—the arteries and veins. Basically, each artery and vein consists of three layers: an inner lining of squamous endothelium, the tunica intima) a middle layer of smooth muscle and clastic fibres, the tunica media, and an external layer of fibrous connective tissue with collagen fibres, the tunica externa (The tunica media is comparatively thin in the veins (Figure 15.4).

As mentioned earlier, the blood pumped by the right ventricle enters the pulmonary artery, whereas the left ventricle pumps blood into the aorta. The deoxygenated blood pumped into the pulmonary artery is passed on to the lungs from where the oxygenated blood is carried by the pulmonary veins into the left atrium. This pathway constitutes the pulmonary circulation. The oxygenated blood entering the aorta is carried by a network of arteries, arterioles and capillaries to the tissues from where the deoxygenated blood is collected by a system of venules, veins and vena cava and emptied into the right atrium. This is the systemic circulation (Figure 15.4). The systemic circulation provides nutrients, O<sub>2</sub> and other essential substances to the tissues and takes CO<sub>2</sub> and other harmful substances away for elimination. A unique vascular connection exists between the digestive tract and liver called

hepatic portal system. The hepatic portal vein carries blood from intestine to the liver before it is delivered to the systemic circulation. A special coronary system of blood vessels is present in our body exclusively for the circulation of blood to and from the cardiac musculature.

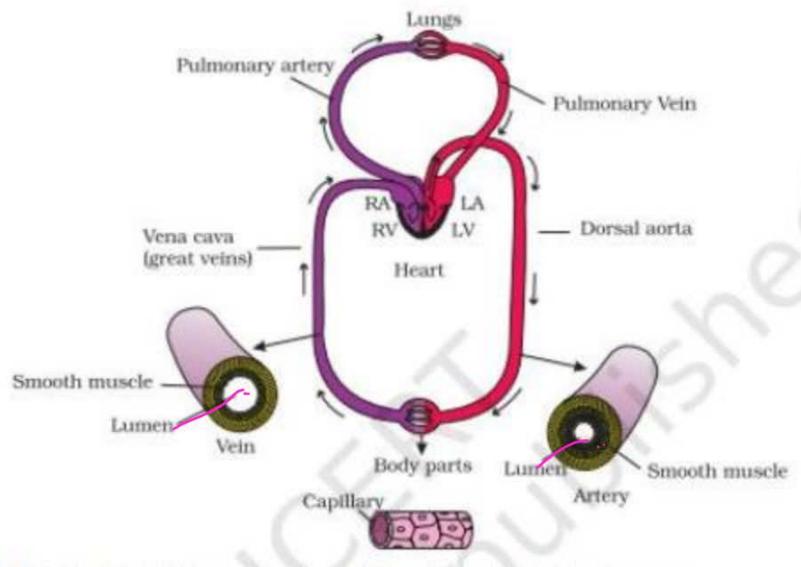


Figure 15.4 Schematic plan of blood circulation in human

### Portal Circulation:

Normal Circulation

· Special venous connection b/w 2 organs is called Portal Circulation

· Starts with Capillary & end & with Capillary.

1) Hypophyseal Portal Circulation

Vein (Heart)

Capillary

Tisque/Organ

Anterior

Pituitary

Anterior

Pituitary

Posterior bituitary

Pituitary) Hypophysis?

Bloo Hypothalamus & Ant Pituitary

· 11 y pothalamic hormone sean reach to Pituitary via this.





Q- what causes the closure of AV valves during ventricular systole

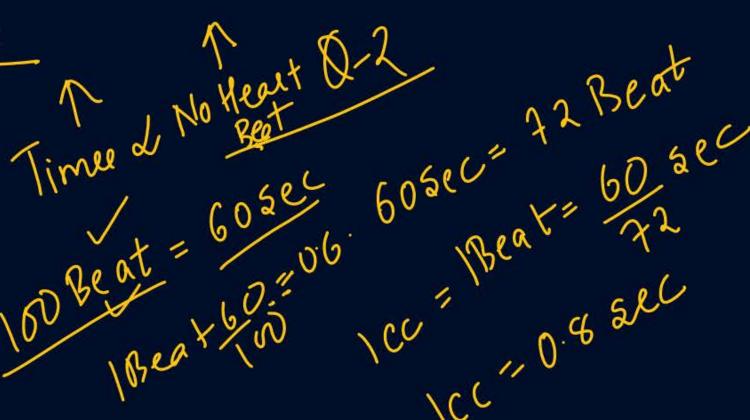
- Increased pressure in atria
- 2) decreased pressure in the ventricle
- 3) Attempt of backflow of blood towards atria
- 4) Opening of semilunar valve

01

(3)

STATEMENT-1- In each heartbeat, 70ml of blood is pumped by each ventricle T STATEMENT-2- The duration of a cardiac cycle is directly propotional to the number of heartbeat

- 1) Statement I is correct but Statement II is incorrect.
- 2) Statement I is incorrect but Statement II is correct.
- 3) Both Statement I and Statement II are correct.
- 4)Both Statement I and Statement II are incorrect.





- REVISE CLAASNOTES / ZOOLOGY MED EASY

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