Notes:

8 – 15 Trials per 4 Stimuli

IR Beam

Break

Ortho odor for 0.5s

40s pause

Retro odor for 0.012s

Timing of ortho onset and decline

Explanation for concentrations for ortho vs. retro

Exploring single unit responses and how they differ between retro and ortho in GC and OC

Time course

Interpreting the evoked response in light of modality difference

First pass – PSTH differences between ortho and retro in both regions

Start profiling the results – averaged LFP spectra for each trial condition

Is it the dynamic pattern that’s different

How do you control of that difference, is it an artifact of delivery. How do you make a network claim is different from GC to OC.

Breathing alignment.

Coherence of spiking related to the phase of breathing.

For each frequency how strong the coherence is and when does the phase coherence happen during breathing

Confounds for concentration and timing. Just be saying the phase.

Evoked dynamics of both modalities in GC and OC. How do you compare the connectivity given the dynamics?

Spectral Grainger Causality, whether fr bands handling communication are different between ortho and retro, agnostic of concentration and dynamics.

Concentration and dynamics in cross-correlations.

Should definitely see a difference in the phase response: you could specifically look at coherence patterns aligned to the phase.

Frequency patterns for coherence might be different when looking to phase aligned activity. Describe the difference.

Strong regardless of modality coherence between GC and OC and check different bands.

Part I. Characterizing SUnit avg spectrograms.

Retro Odor - weak

Taste - moderate

Mixture – strong

Sucrose – EB

Quinine – EB

Sucrose

Quinine

Baez-Santiago 2010

Reinhibit it and STFP was there.

During the testing they inhibited.