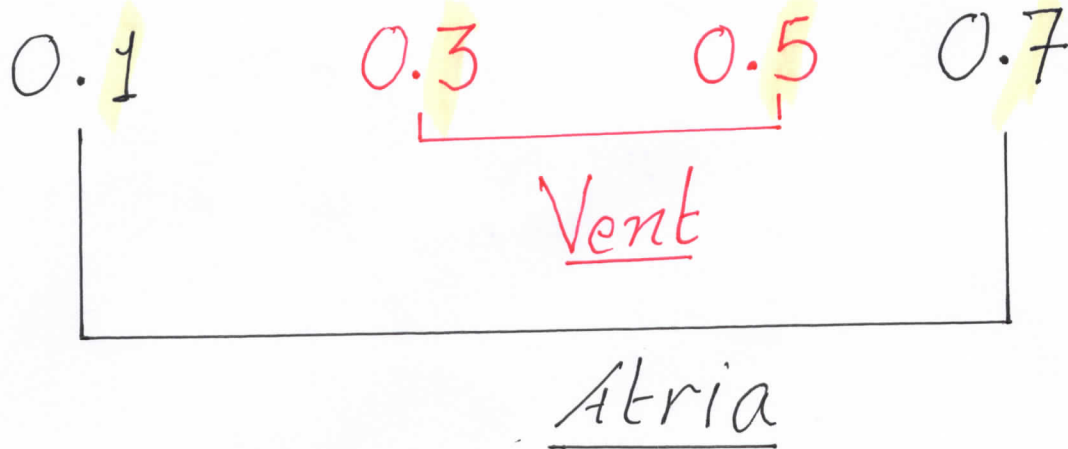


Cardiac cycle

75 min 0.8 second.



Systole

Pump

Diastole

Fill

Rest

25% →
MCO

Coronary BI Flow



Phases

1 Atrial systole

5 Protodiastolic

2 Isometric cont.

3 Maximum ejection
rapid ejection

4 Reduced ejection

Vent. Systole

6 Isometric relax

7 Maximum filling
rapid filling

8 Reduced filling

Ventricular systole

2

3 & 4

isometric

isotonic

Ventricular diastole

5, 6 & 7

Early

8

Mid

1

Late

Cardiac cycle

8 phases 8 changes

1 Atrial systole.

2 Isovolumetric contraction.

3 Maximal (rapid) ejection.

4 Reduced ejection.

5 Protodiastolic.

6 Isovolumetric relaxation.

7 Maximal (rapid) filling.

8 Reduced filling.

• Ventricular systole 0.3 sec.

 phases 2, 3 & 4

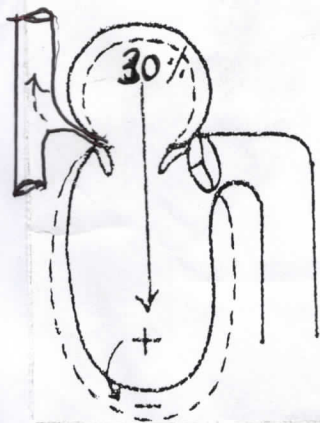
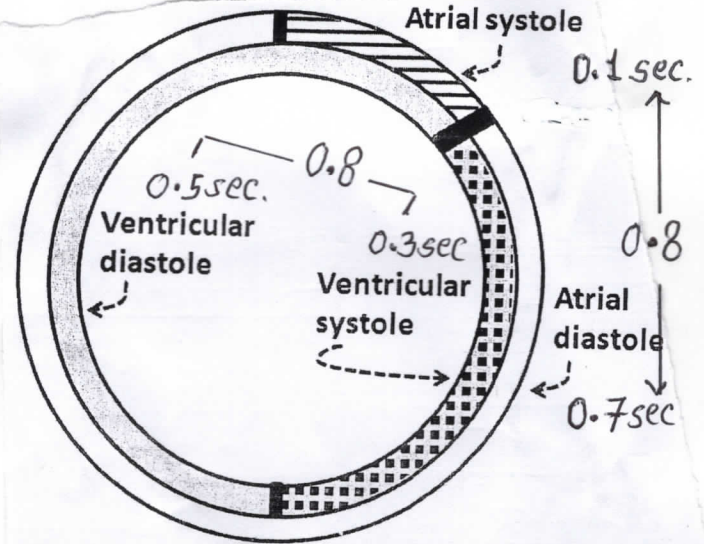
• Ventricular diastole 0.5 sec.

Early Mid Late

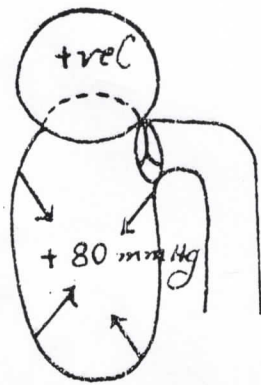
5, 6 & 7 8

1
Atrial systole

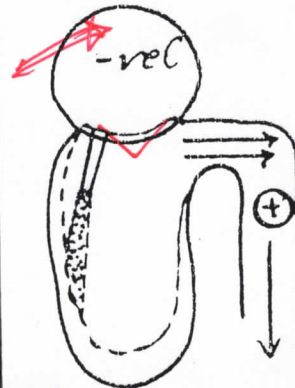
++ HR → more -- in diastole



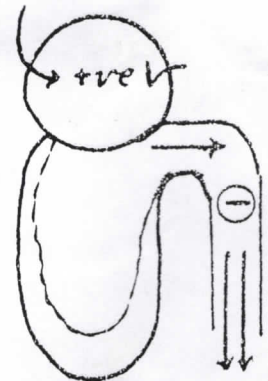
A. systole



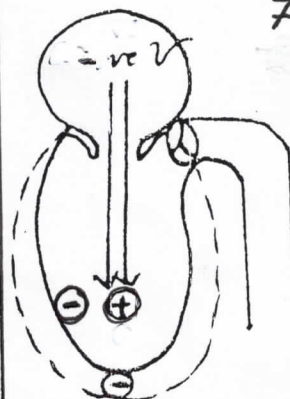
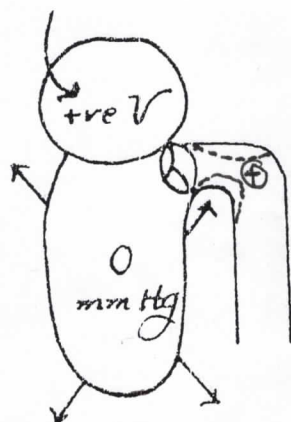
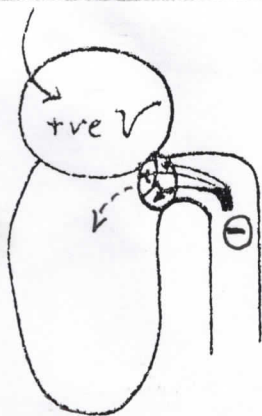
Isovolumetric cont.



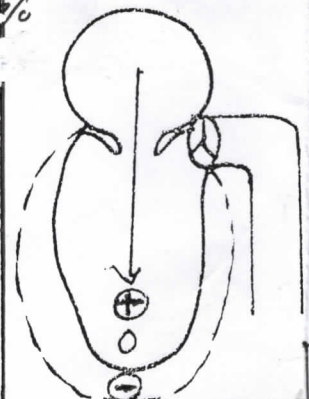
Rapid ejection

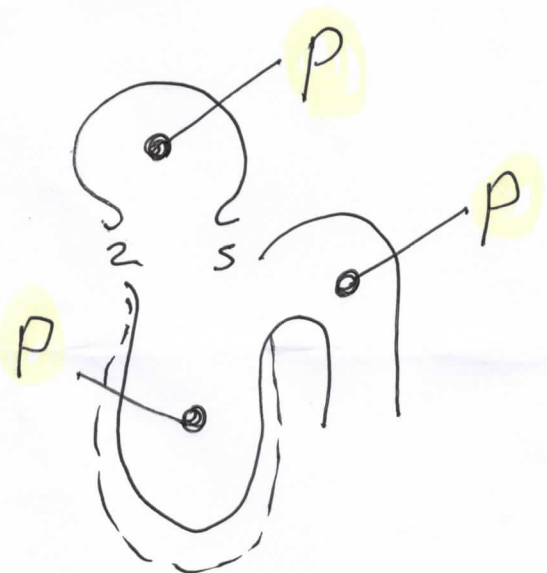
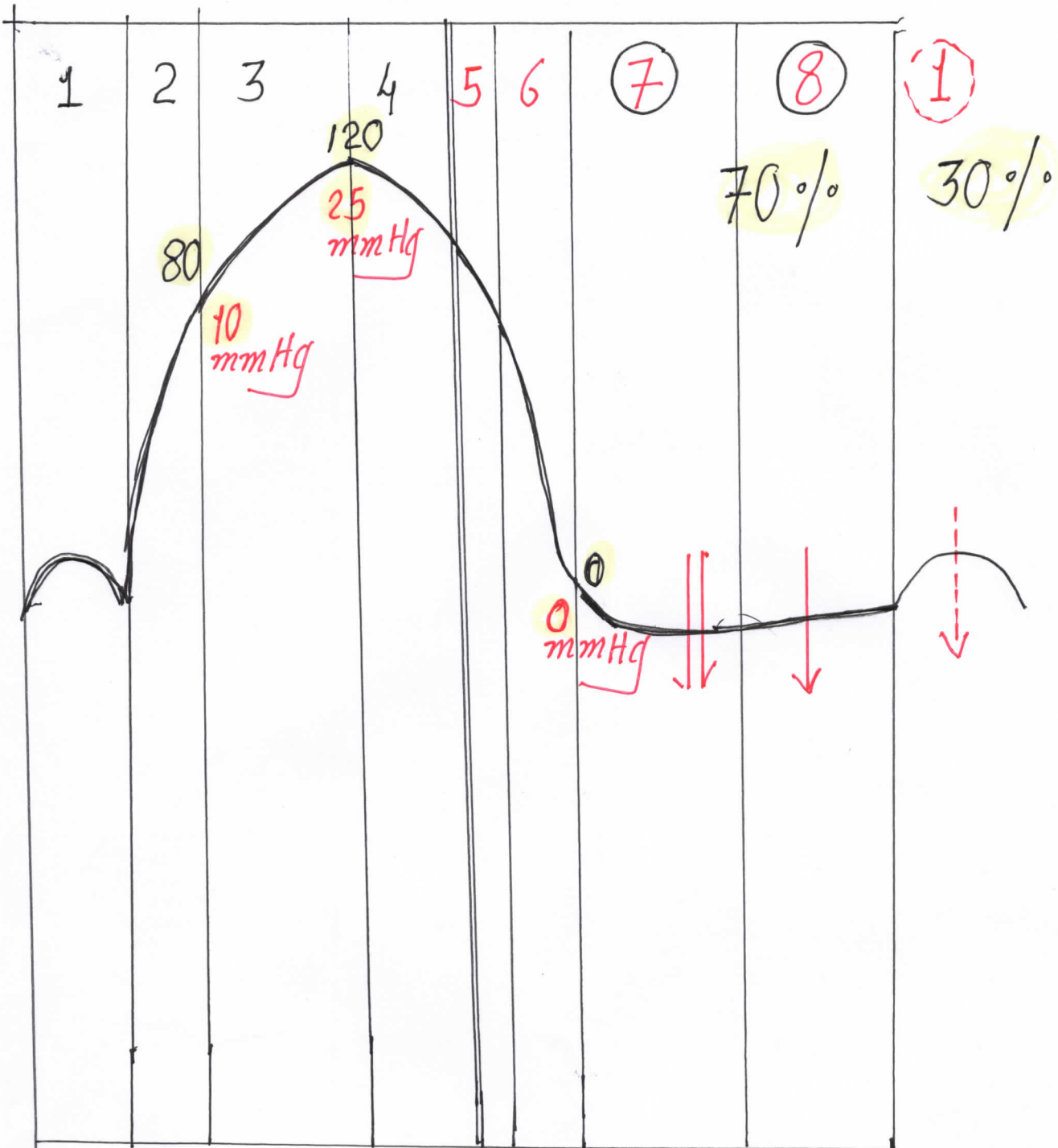


Reduced ejection



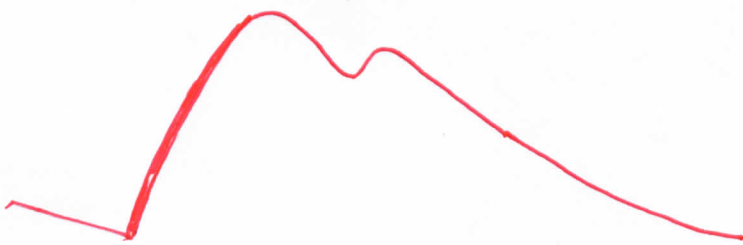
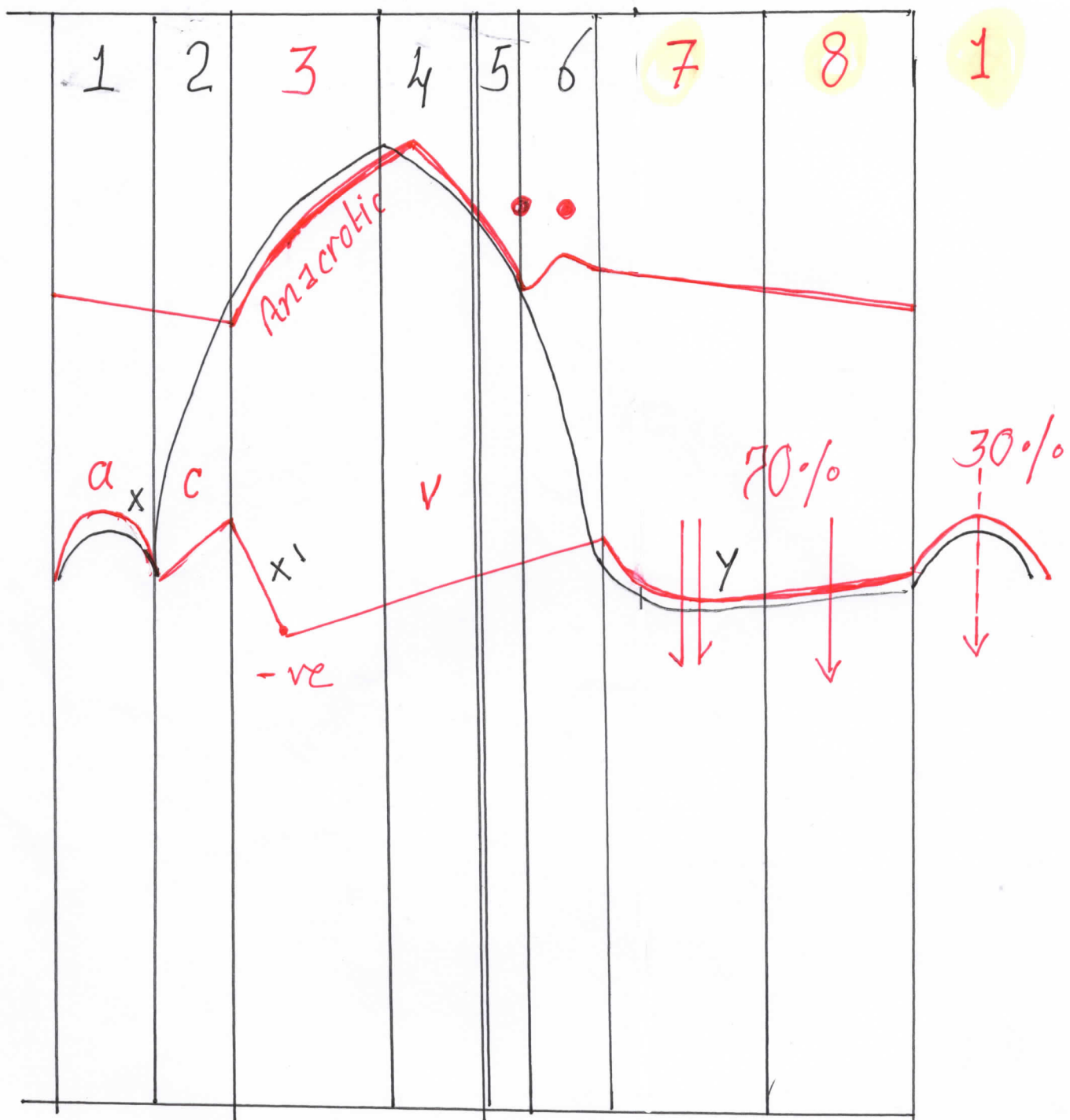
70%



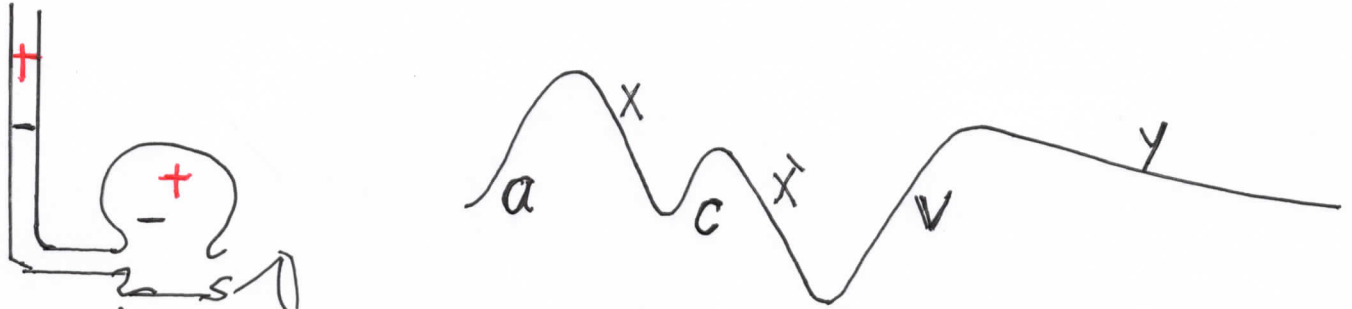


- 5 Valves
- 6 HS
- 7 CBF
- 8 ECG

Phase Change	Late diastole	Ventricular Systole			Early diastole			Middiastole
	1 A. systole	2 Isometric (isovol) cont.	3 Maximum (rapid) ejection	4 Reduced ejection	5 Proto diastolic	6 Isometric (isovol.) relax.	7 Maximum (Rapid) Filling	8 Reduced Filling
1 <u>Ventricular Pressure</u>	0.1 sec. ⊕⊕ due to A. systole then ⊖⊖ due to V. diastole	0.05 sec. ⊕⊕ to 80 mmHg Lt V. 10 mmHg Rt V. ends by opening of semilunar valves	0.15 sec. ⊕⊕ to maxim. 120 mmHg Lt V. 25 mmHg Rt V.	0.1 sec. ⊖⊖	0.04 sec. ⊖⊖	0.06 sec. ⊖⊖ to 0 mmHg Lt V. 0 mmHg Rt V.	0.1 sec. - Early ⊖⊖ V. relax > V. filling - Then ⊕⊕ Vent. filling > V. relax Rate of vent. fill Rapid	0.2 sec. ⊕
2 <u>Ventricular Volume</u>	Increased 30% EDV 130 ml	Constant	Decreased rapidly	slowly ESV 60 ml	Constant	Increase rapidly	slowly 70%	
3 <u>Aortic Pressure</u>	<u>C a t a c r o t i c</u> Blood leaves aorta Aortic p. drops to minimum	<u>A s c e n d i n g</u> Anacrotic Bl. ejected in aorta > Bl. leaving aorta 120 mmHg	<u>D e s c e n d i n g</u> Bl. enters aorta < Bl. leaves aorta Aortic p. exceeds vent. p.	<u>D i c r o t i c</u> notch (incisura) wave sudden closure of aortic valve	<u>n o t c h (i n c i s u r a) w a v e</u> ++ elastic recoil of aorta	Blood leaves aorta to peripheral vessels		
4 <u>Atrial Pressure</u>	a +ve Atrial systole x -ve B. leaves atria to vent.	C +ve Bulge x -ve Decline A-V cusps	V +ve Accumulation of VR in atrium			Y -ve Passage of VR from atria to ventr.		
5 <u>A-V valves</u>	o p e n	C	L	O	S	E	D	o p e n
<u>Semilunar</u>	C = l = o = s = e = d =	o p e n	o p e n	o p e n	C = l = o = s = e = d =	o p e n	C = l = o = s = e = d =	o p e n
6 <u>Heart Sounds</u>	4th HS (S ₄) vent. filling by A. systole	1st HS (S ₁) Sudden closure of A-V valves Long Low pitch LUB				2nd HS (S ₂) closure of aortic & pulm. valves	3rd HS (S ₃) rapid vent. filling	
7 <u>ECG</u>	P starts 0.02s before A cont	QRS starts 0.02s before V. cont	T wave begins					
8 <u>Coronary bl. Flow</u>		<u>MINIMUM</u>	Slight ++ with ++ aortic p	Slight -- with -- aortic p		<u>MAXIMUM</u>		



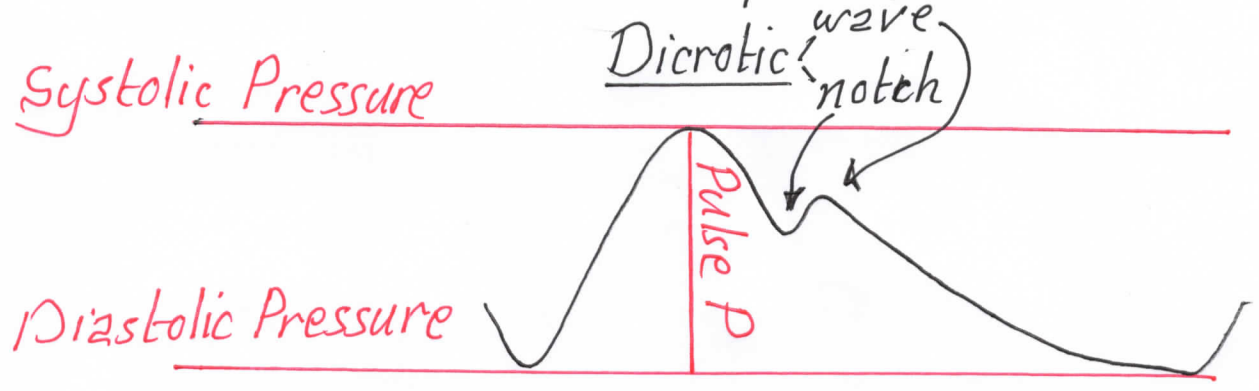
Rt atrial pressure (jugular venous pulse)



Clinical importance

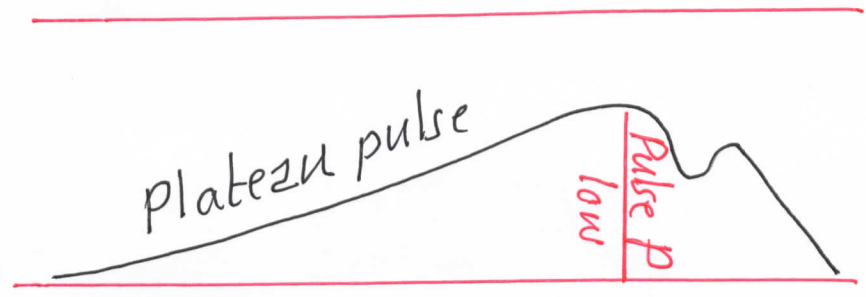
- 1 No **a** A fibrillation
- 2 Cannon **a** wave A-V dissociation
e.g 3rd degree heart block
V tachycardia
- 3 **a** wave represents atrial cont
c wave represents vent cont
So, **a-c** interval = P-R interval in ECG

Aortic pressure (carotid pulse) curve.

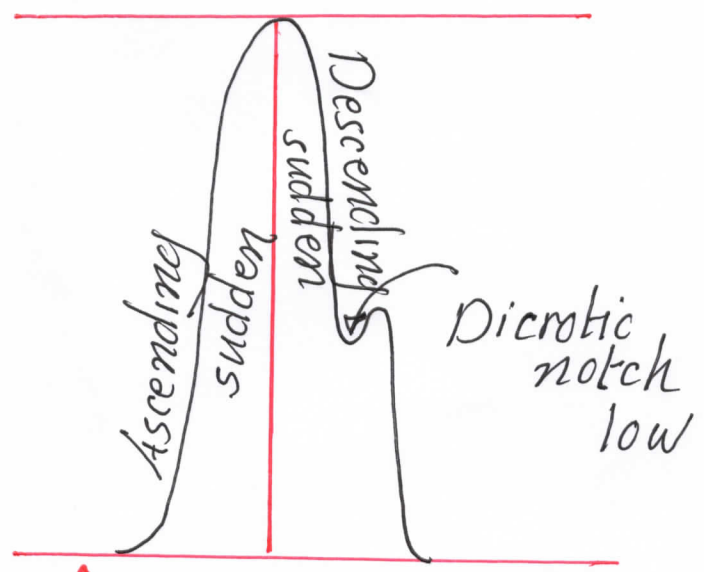
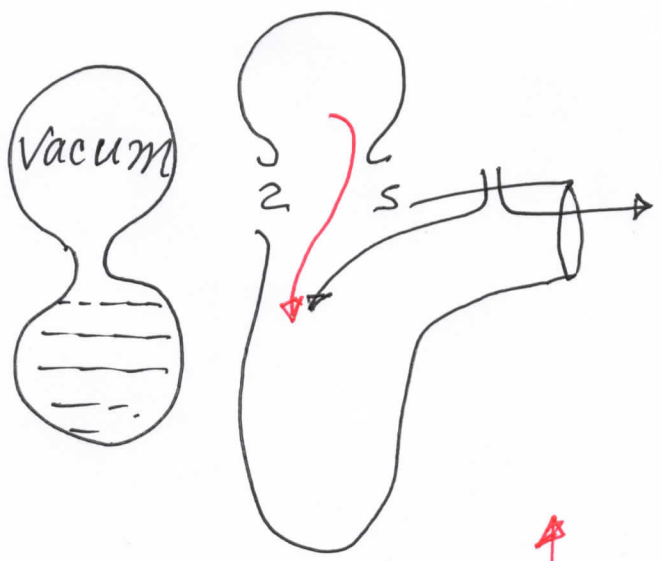


Clinical importance

- 1. Aortic stenosis



- 2. Aortic regurgitation Water Hammer pulse



pp = S - D

Heart sounds

Stetho scope

Phono
cardio gram

First heart sound (S₁)

Second heart sound (S₂)

A-V valves
Diastole end (Start of systole)
Apex of heart (mitral)
lower end of sternum (tricuspid)

Long *isovol. cont rapid erect* 0.15s
Low pitch 30Hz
uB

Semilunar valves
Systole end (beginning of diastole)
Second intercostal
Aortic (Rt) Pulm (Lr)

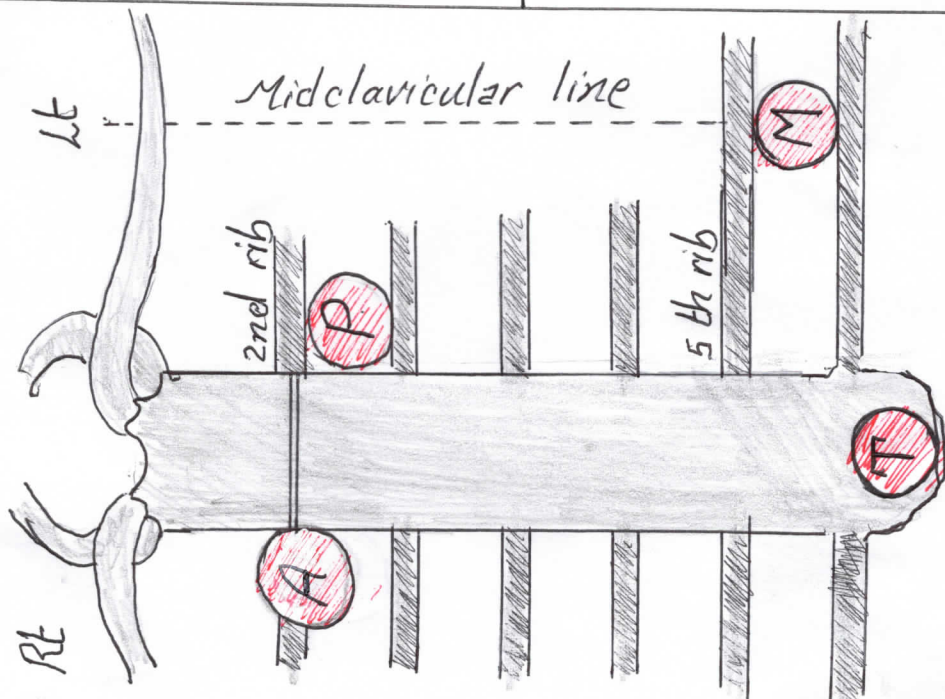
Short *isovol. relax.* 0.12s
High pitch 50Hz
Dup (dub)

S₃

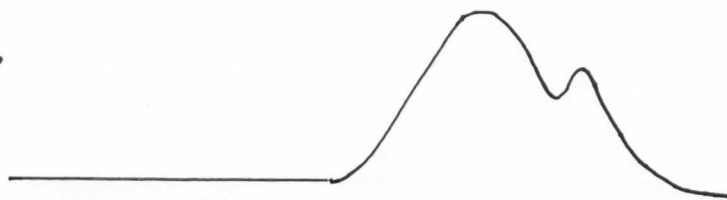
S₄

Rapid flow of blood from atria to ventricle
Rapid filling phase
Normally Audible in children,
athletes or mcs in pregnancy
Abnormal CHF

Atrial systole phase
Non audible.
Failing of Hypertrophic
Lr vent.



Carotid pulse



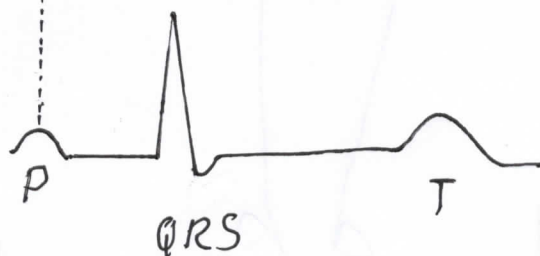
Jugular venous pulse



Heart sounds



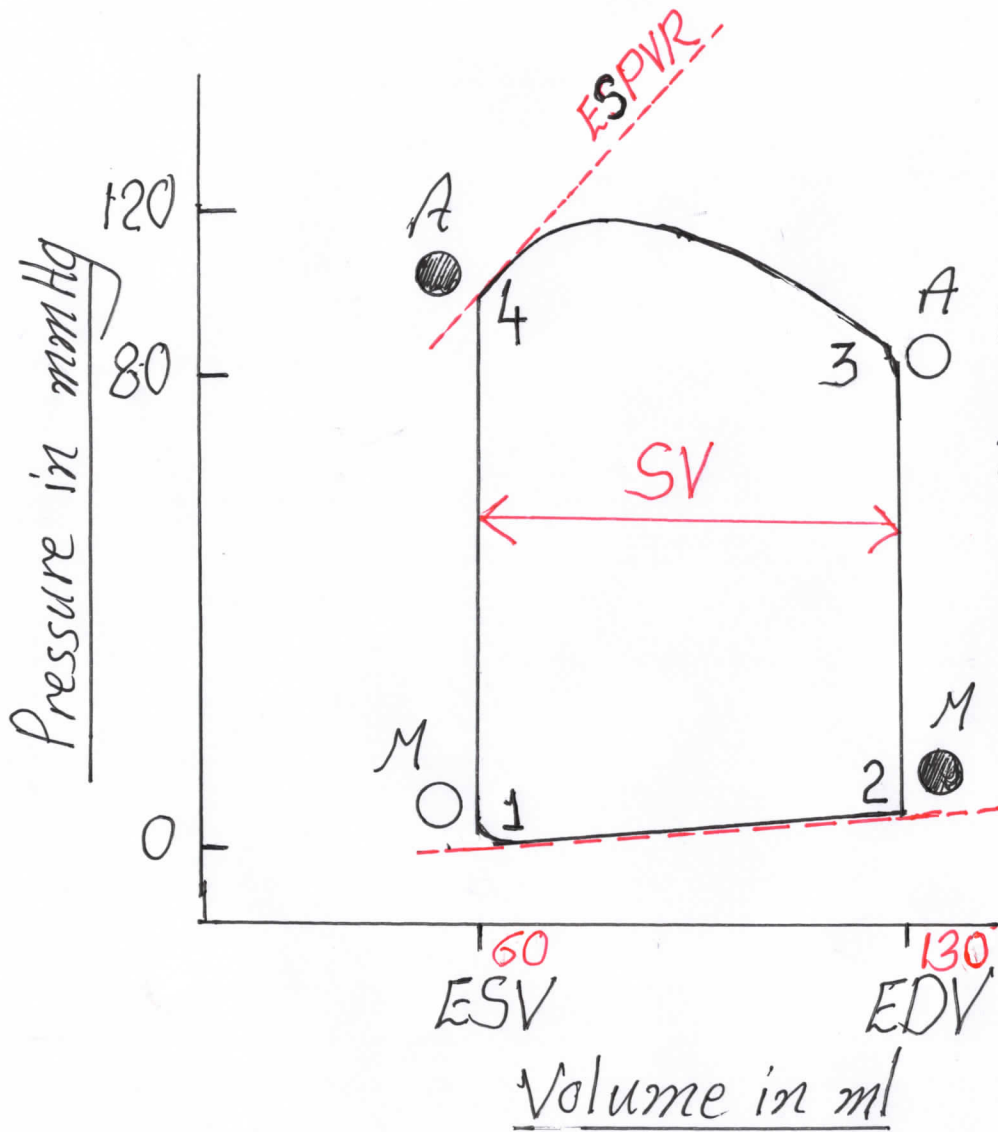
ECG



- a wave atrial cont. follows P wave of ECG
- c wave vent. cont. follows QRS complex of ECG

- x' wave occurs with carotid pulse.
i.e normally jugular vein collapses with carotid pulsation
- v wave occurs with descending limb of carotid pulse.
i.e with collapsing of carotid pulse

Left ventricle Pressure Volume loop



4 phases

line	Represents	Vent volume	Vent P
1-2	V filling phases	++ from ESV to EDV	slightly
2-3	Isovol. cont. phase	⊕	++ to 80
3-4	Ejection phases	-- from EDV to ESV	then
4-5	Isovol relax phase	⊕	-- to 0

Point

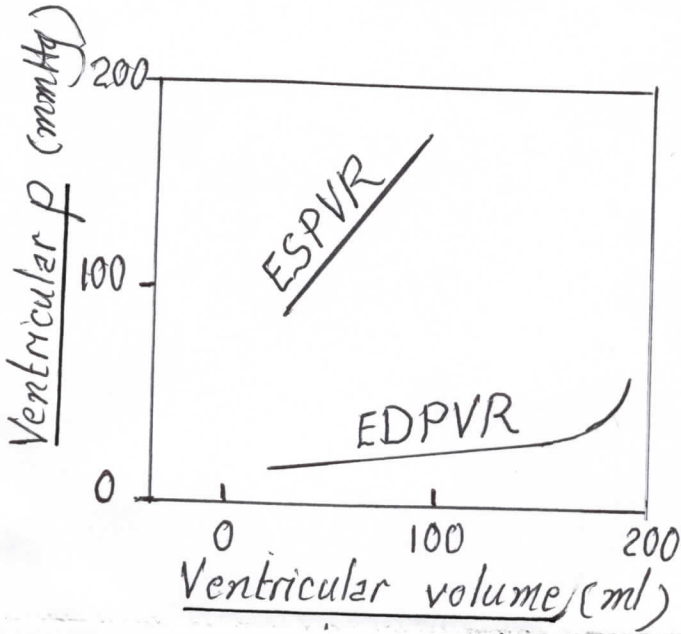
- 1 . Mitral valve opens
- 2 " " closes
- 3 Aortic valve open
- 4 " " closes

Ventricular Pressure Volume Relationship

Modified length-tension relation.

Volume represents length.

Pressure represents tension.



EDPVR

++ EDV \rightarrow ++ vent. p.
= passive length tension relation.

ESPVR

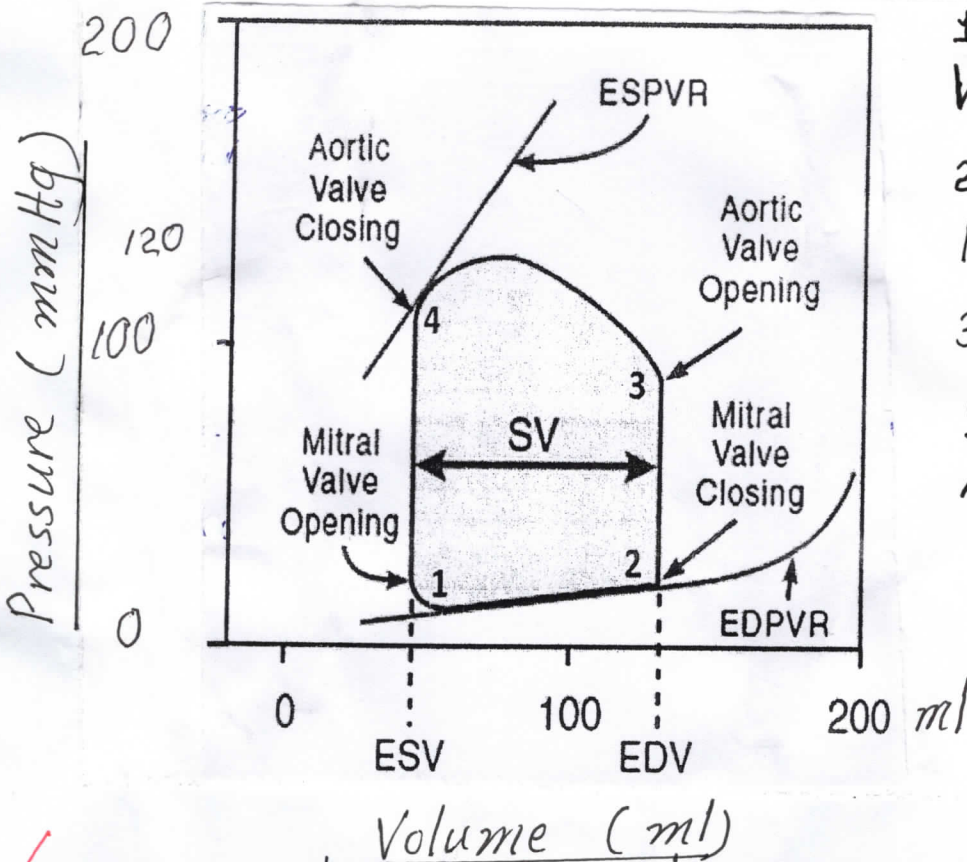
++ EDV \rightarrow ++ ESP (aortic clamp)
= active length tension relation.
its slope depends on inotropic state.

Pressure - Volume loop

(Lt vent. pressure-volume loop)

Area \propto Vent. work

4 phases



1 — 2

Vent. filling phase

2 — 3

Isometric cont. phase

3 — 4

Ejection phases

4 — 5

Isometric relax. phase

1 Mitral opens

2 Mitral closes

3 Aortic opens

4 Aortic closes