

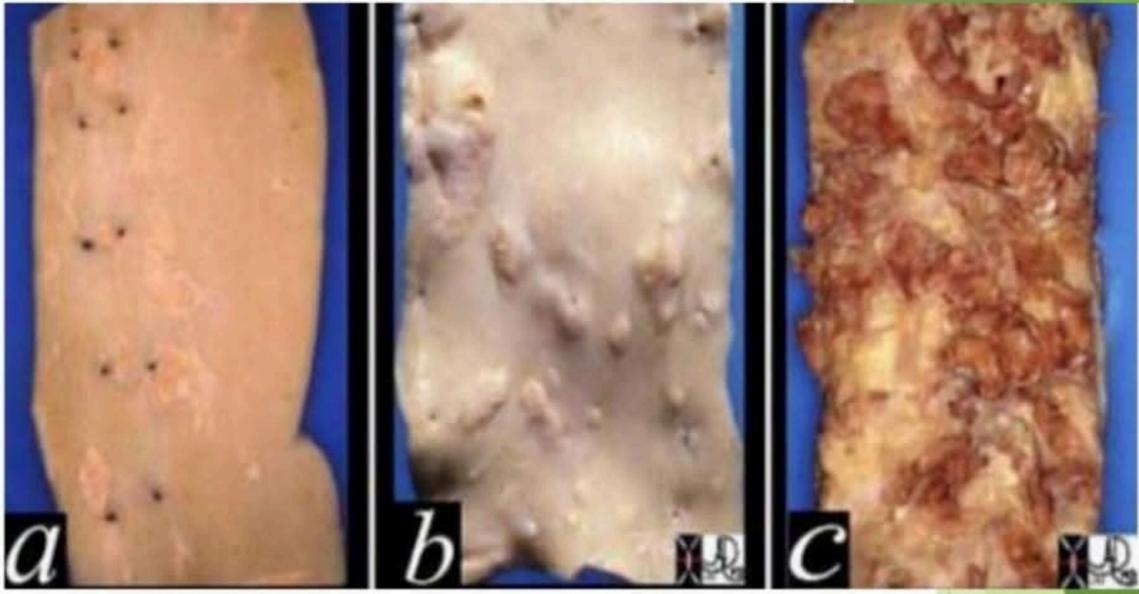
Aschoff nodules

The type of collagen?



Thickening and proliferation of the spongiosa with pooling of glycosaminoglycan that expands to the fibrosa.

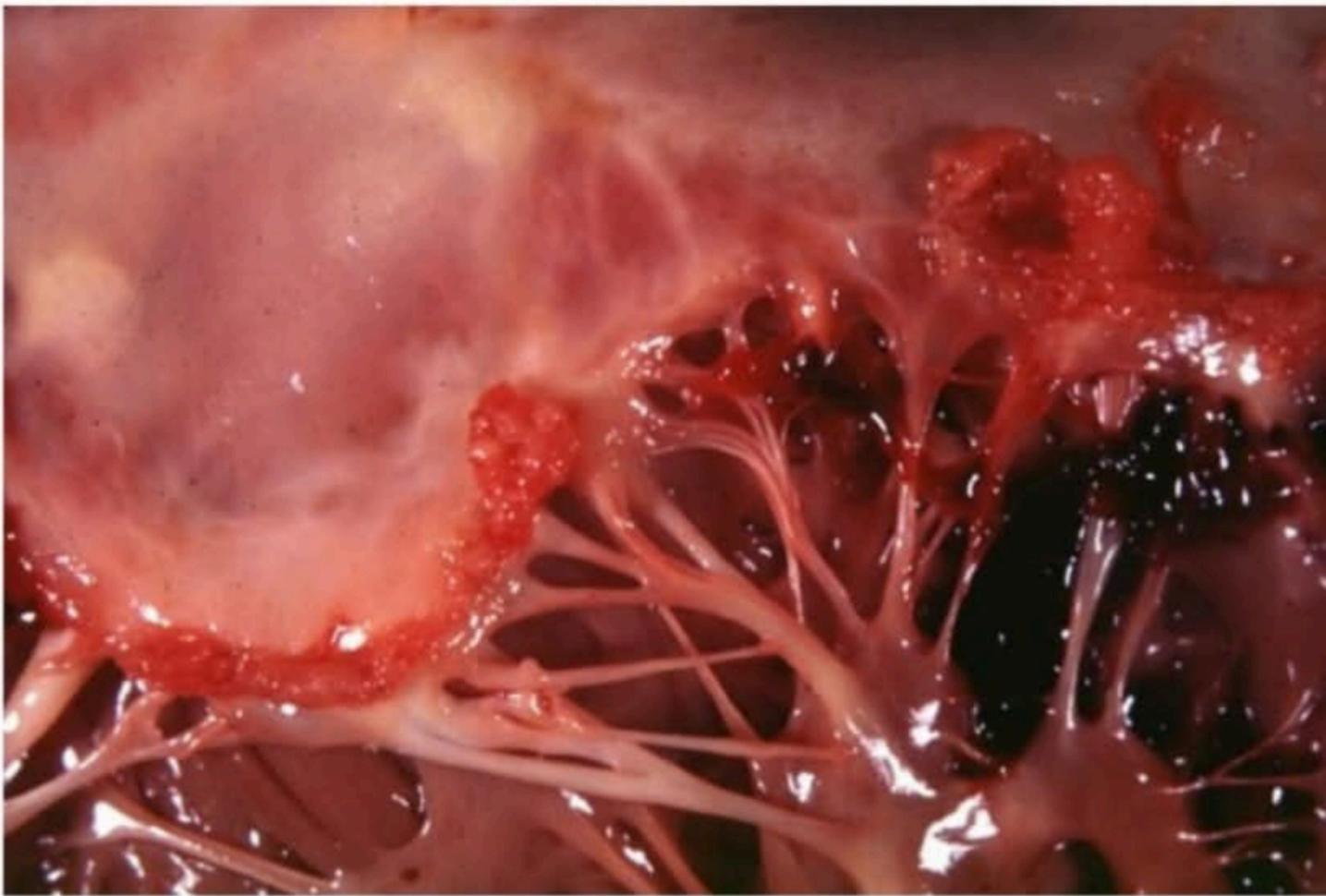
The content of the rupture plaque? *picture (C)*



A. Raised fatty streaks.

B. Raised fibrofatty nodules

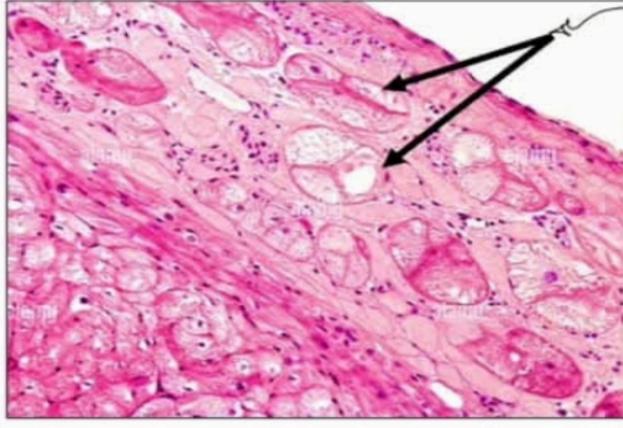
C. Rupture plaque



Mitral valvulitis

The region?

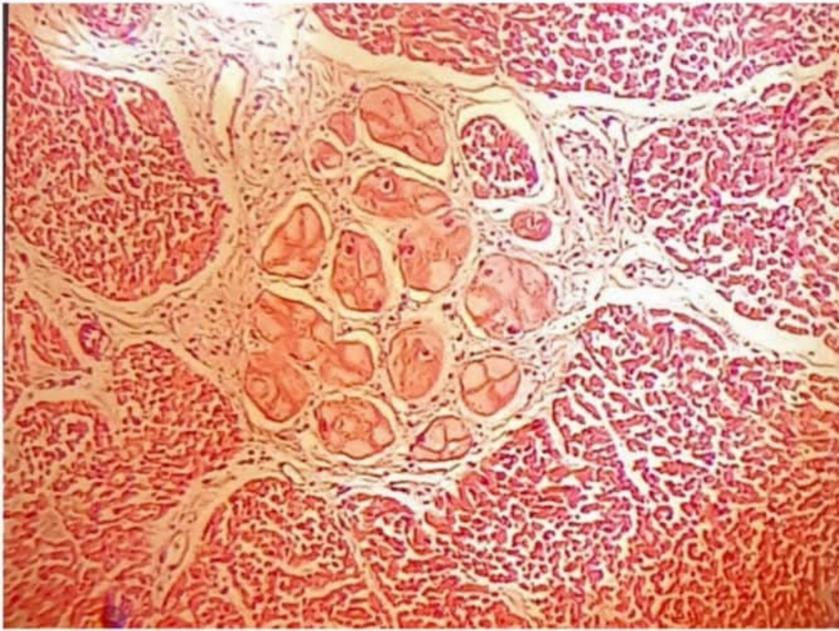
Purkinje fibers in sub-endocardium



ممكن يتقال ان
وتحتي ثلث ال
Region
↓
(subendocardium)

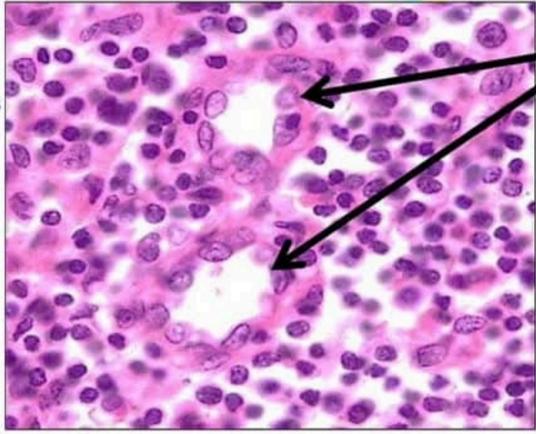
-subendocardium

Moderator band in RT ventricle



→ Located at the lymph nodes

Post capillary venules (HEV)

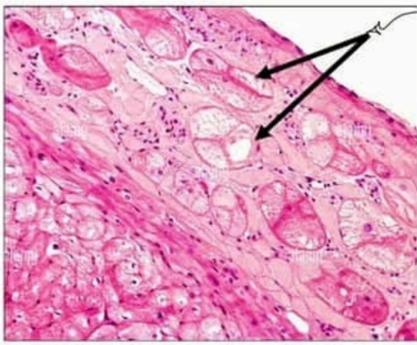


High epithelium cells
Replaced epithelial form
Simple squamous

To ↓
Cuboidal

For WBC extravasation diapedesis
(lymphocytes)

Purkinje fibers in sub-endocardium

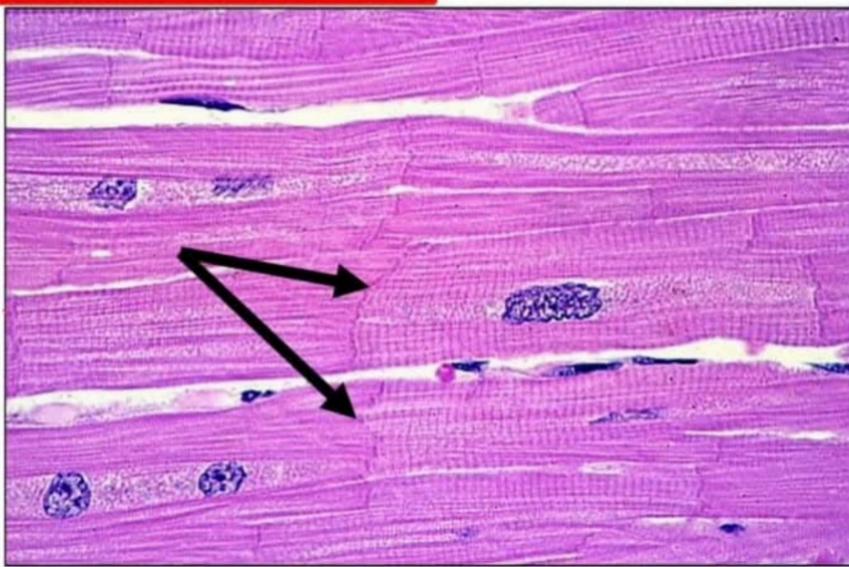


هناك يتواجد
وتحتوي على
Region
↓
(subendocardium)

Vacuolated :
many glycogen
less myofibrils

Function is conduction of impulses so it may lack the
intercalated disks

Intercalated disks of cardiomyocytes



It's mainly INTERCALATED DISKS

But : if it mention that it's

Desmosomal junction → **Correct**

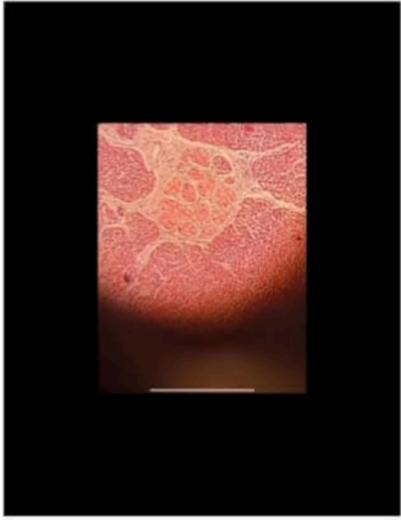
Adherent junction → **Correct**

Tight junction → **InCorrect**

Cardiac muscle

:- short / branched / involuntary / striated

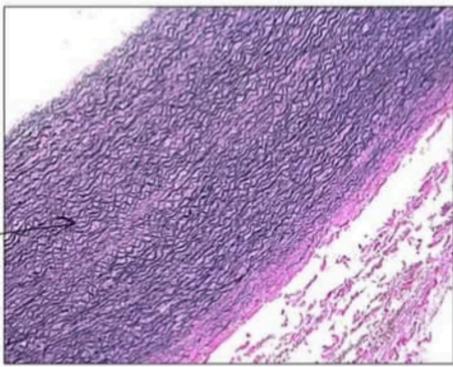
moderator Band



- Conductive myocyte<<<<<
- Contractile Myocyte

Large elastic artery (Aorta)

70% elastic fibers
fenestrated elastic membrane



Intercalated disks of cardiomyocytes

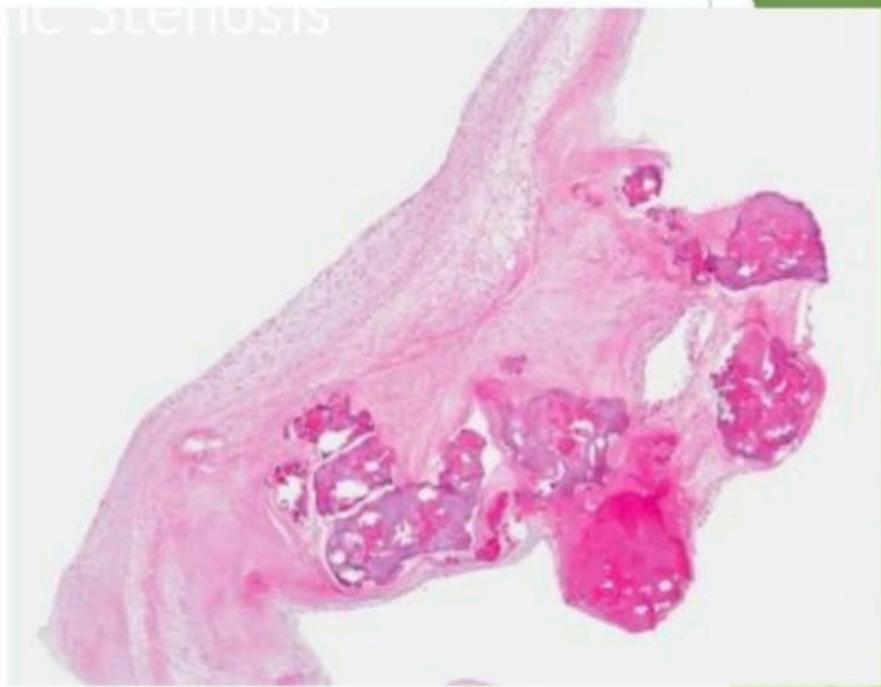
desmosomal junction? ✓
adherent junction? ✓
(fascia adherens)
tight junction? ✗



Cardiac Muscle: shorted/branched

عرضي
كل صورة مع
الكتابة التي فوقها

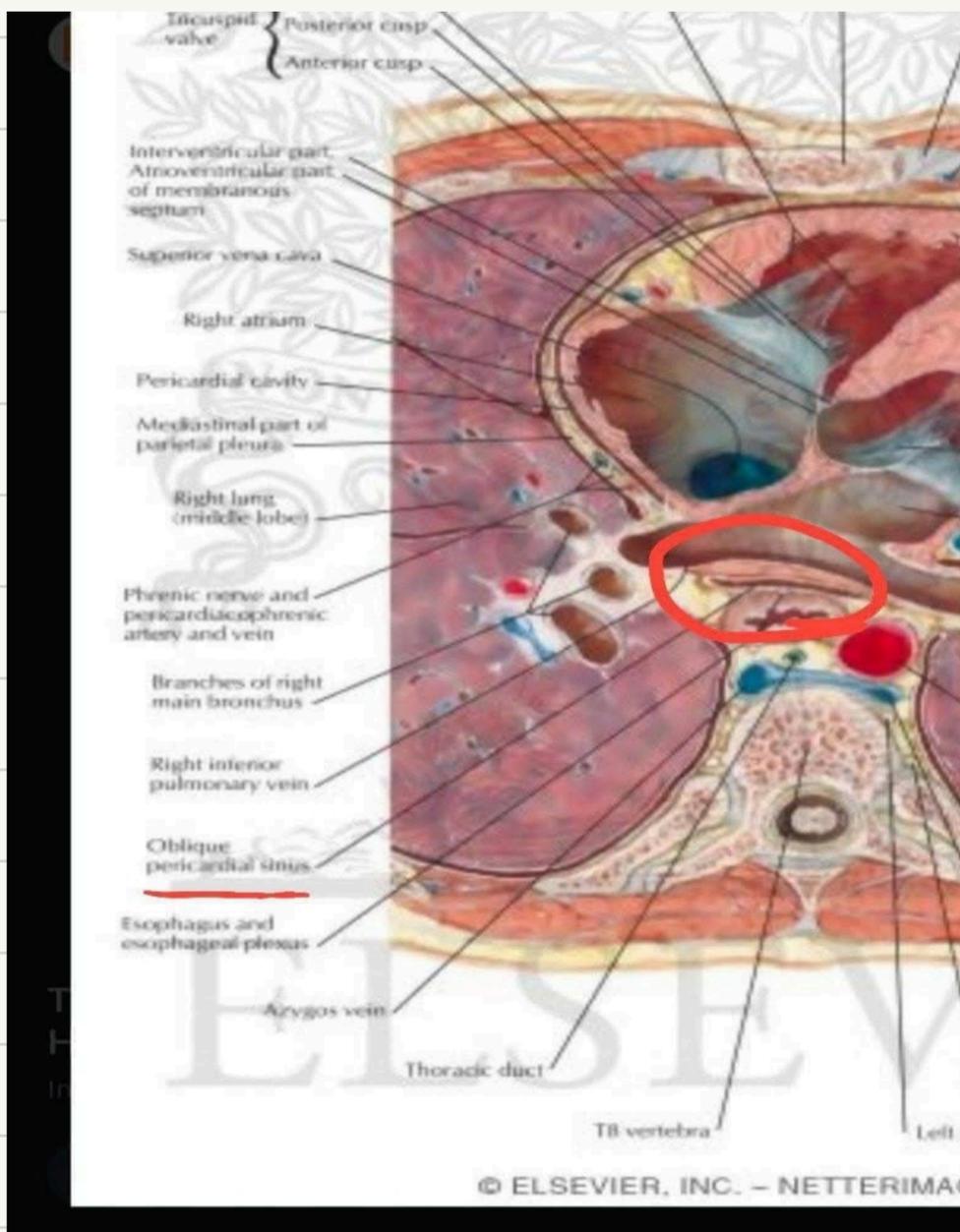
All true about this picture except:



↓ about it

Calcific Aortic Stenosis – The most common cause of aortic stenosis. Can be viewed as the valvular counterparts to age-related arteriosclerosis (same risk factors). Mostly is asymptomatic and is discovered only incidentally by viewing calcifications on a routine chest radiograph or at autopsy. Rarely, it may lead to valvular sclerosis and/or calcification can be severe enough to cause stenosis, necessitating surgical intervention

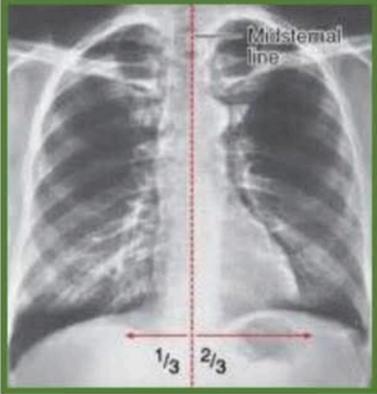
- Asymptomatic
- Discovered incidentally during investigations for other causes
- Symptomatic <<<<<<<<



L 2 ORIENTATION & SURFACE AN...

6 of 26 **ORIENTATION OF HEART**

The heart and roots of the great vessels are located anteriorly to the sternum, between the 4th and 5th ribs on the left side. The heart and pericardial sac are situated in the middle of the chest, one third to the left and two thirds to the right of the midsternal line.



The heart is shaped like a tippecanoe, and has four surfaces.

ORIENTATION OF HEART

apex of the heart

أشير على الـ Rt atrium

The stain??



- Elastic stain

Thromboangiitis obliterans (Buerger's Disease)

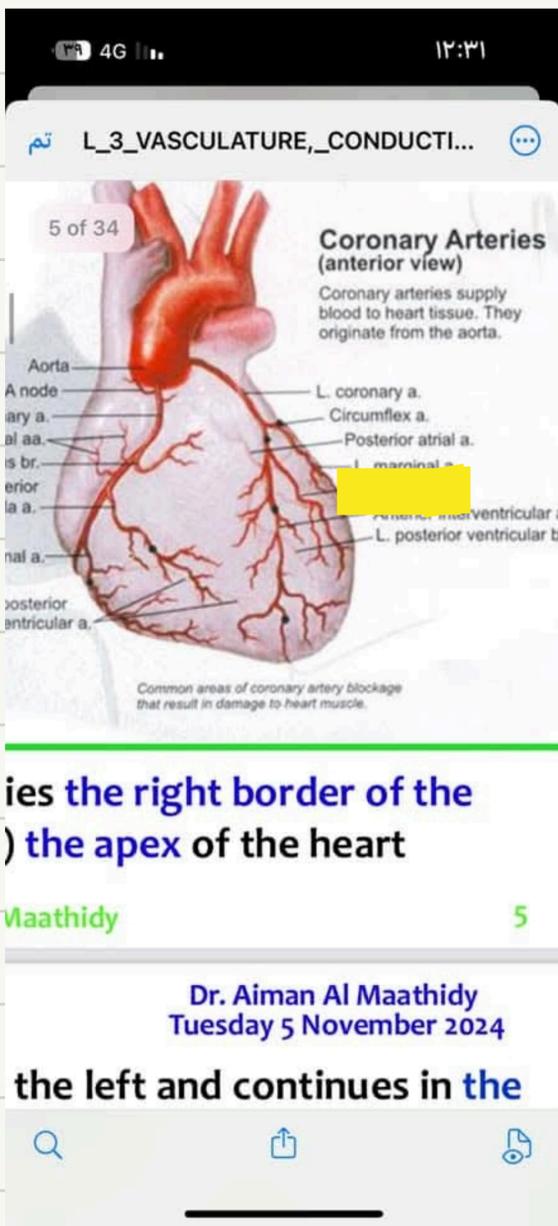
about this picture

- The angiography is showing no flow in the anterior and posterior tibial arteries and the fibular artery.
- The gross morphology is showing black discoloration which is a sign of gangrene.

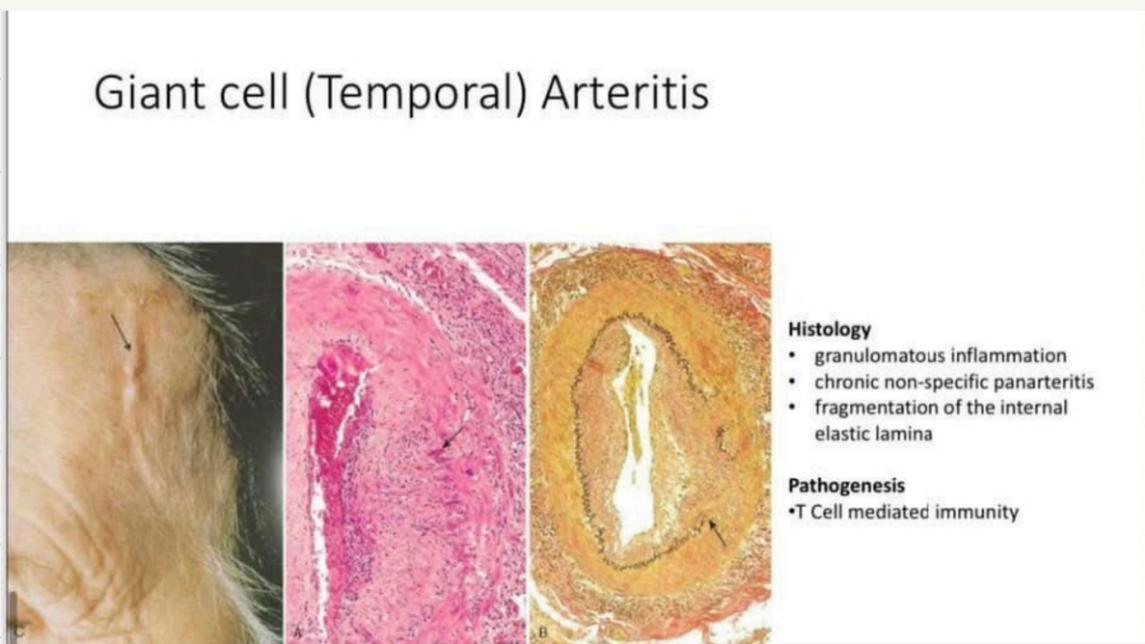


Thromboangiitis obliterans (Buerger's Disease)

- A condition marked by segmental, thrombosing, acute & chronic inflammation of intermediate & small arteries & veins in the limbs with extension to accompanying nerves. (causing pain)
- Exclusively seen in heavy smokers' males before the age of 35.
- Intermittent claudication followed by pain at rest, might end in gangrene.
- Etiology: Endothelial cell injury by toxins in tobacco.
- Treatment by stopping smoking.

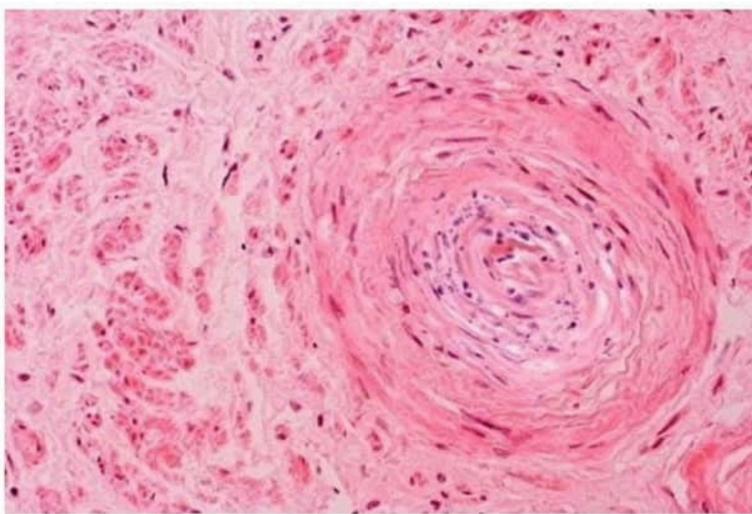


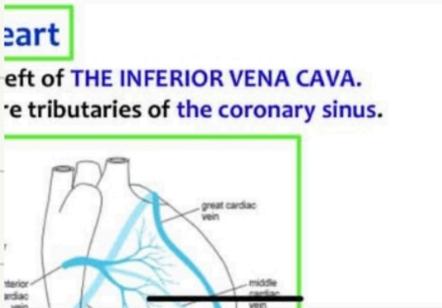
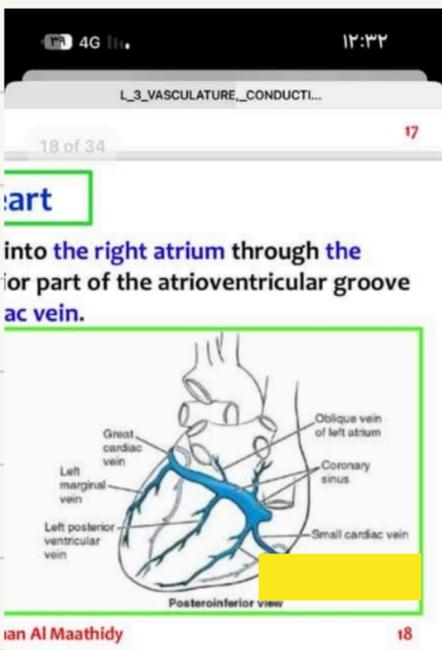
- Diagonal Artery



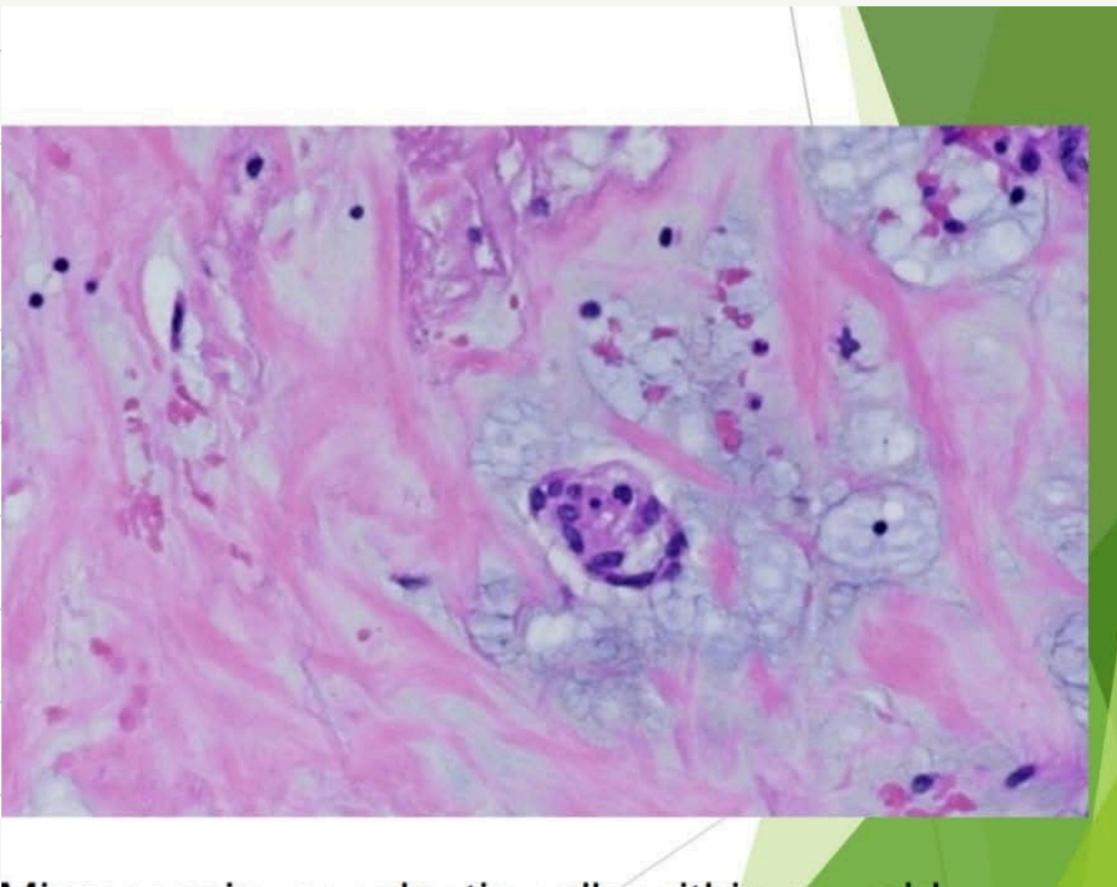
-autoreactive T cell

Hyperplastic arteriosclerosis:
Associated with severe hypertension.
➤ Vessels exhibit "onionskin," concentric, laminated thickening of arteriolar walls and luminal narrowing.
The laminations consist of smooth muscle cells and thickened, reduplicated basement membrane.

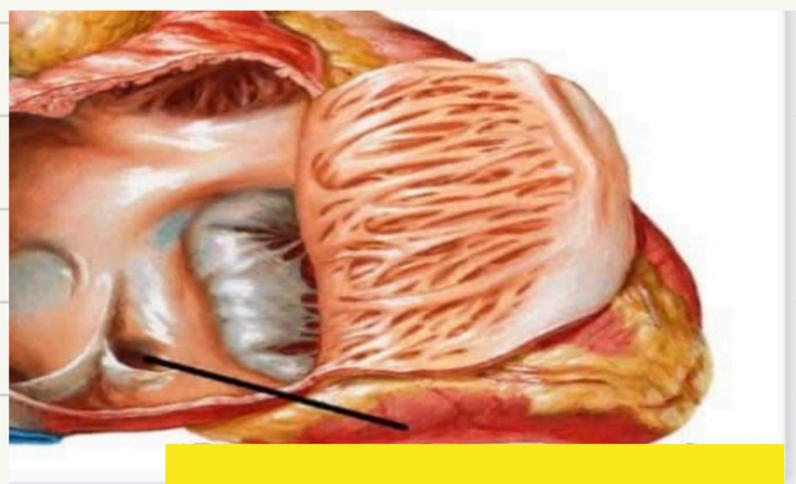
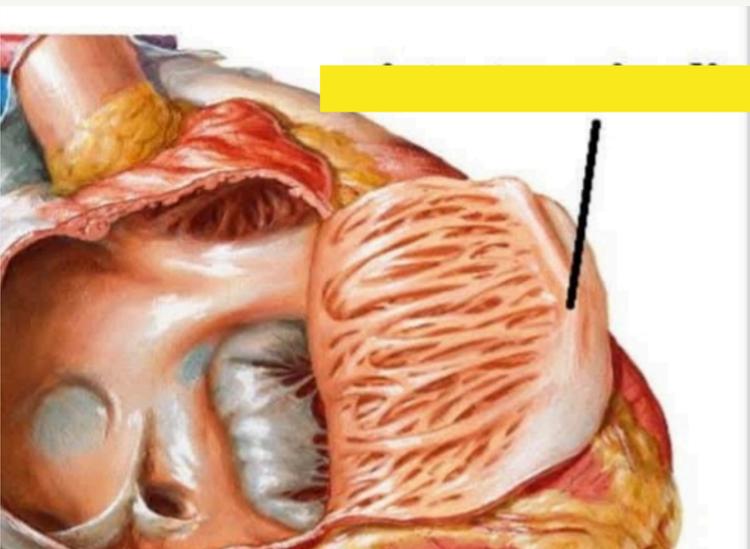


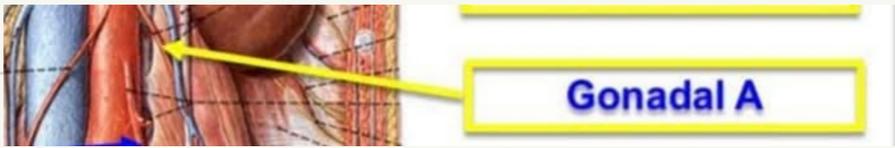
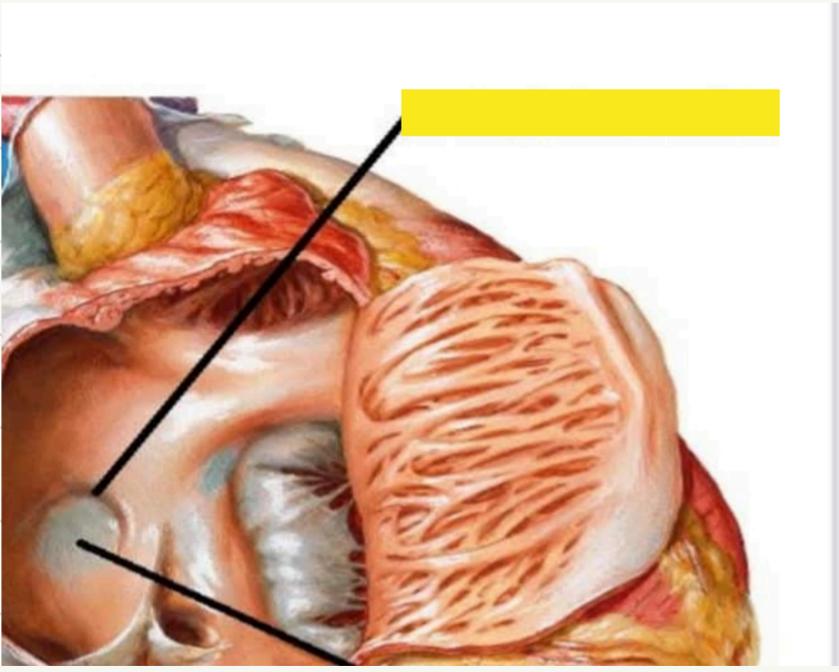


-Middle cardiac vein



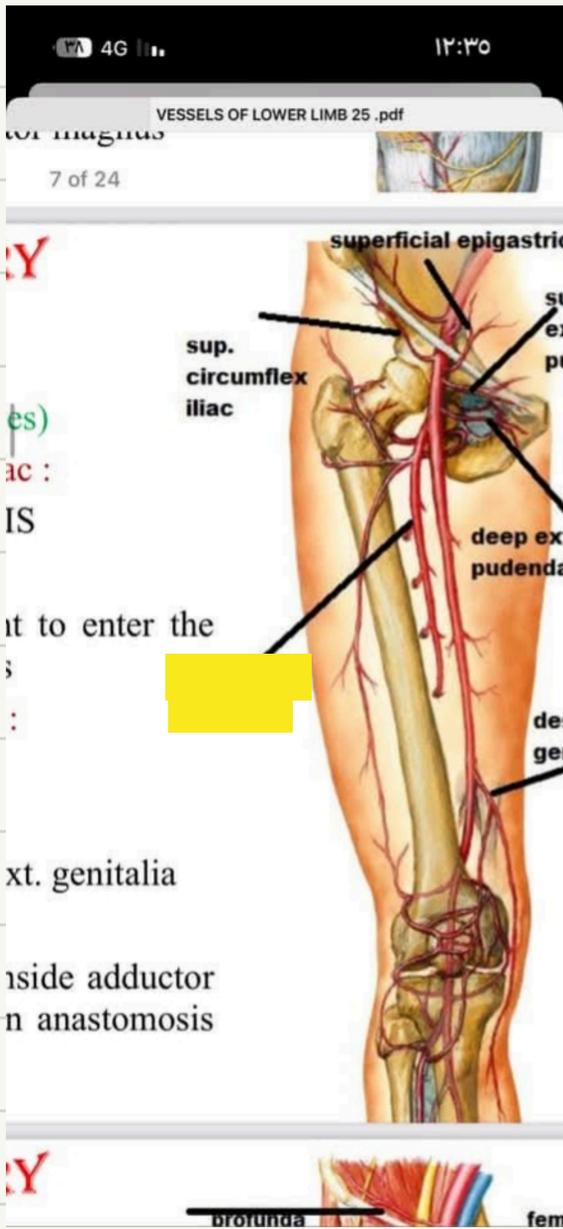
Microscopic: neoplastic cells within myxoid stroma





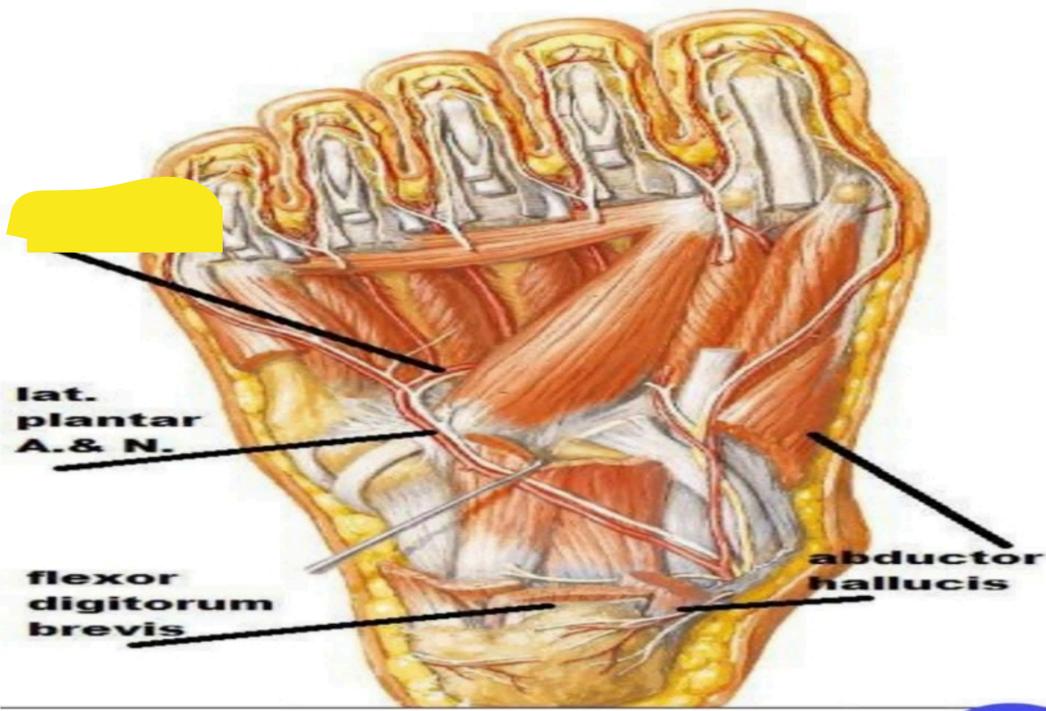
Rt gonadal artery <<<<

Inferior mesenteric



Profunda femoris

plantar ARTERY



-Planter arch

physio

When we move from V1 to V6 R wave progressively increases / R wave becomes bigger across V1-V6
 When we move from V1 to V6 S wave progressively decreases / S wave becomes smaller across V1-V6

ما يعرف معطوفة عشوائى تنوع فيسيو

II, III, aVF

I, aVL, V5, V6

lateral

Root of lung

Descending thoracic aorta

Esophagus

Diaphragm

T4

T12

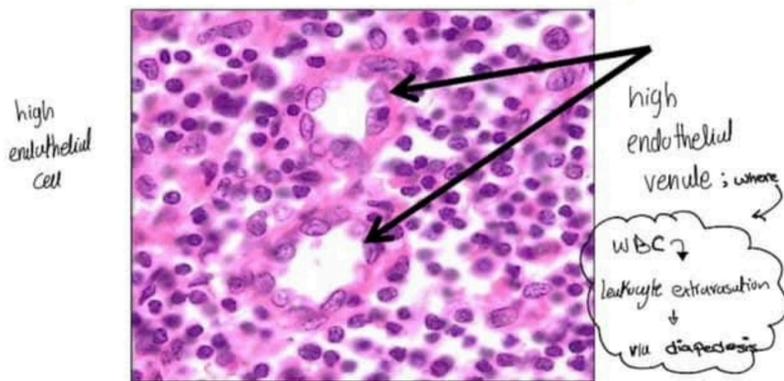
Descending thoracic aorta

Which artery



Brachial artery

Post capillary venules (HEV)



Fem a le

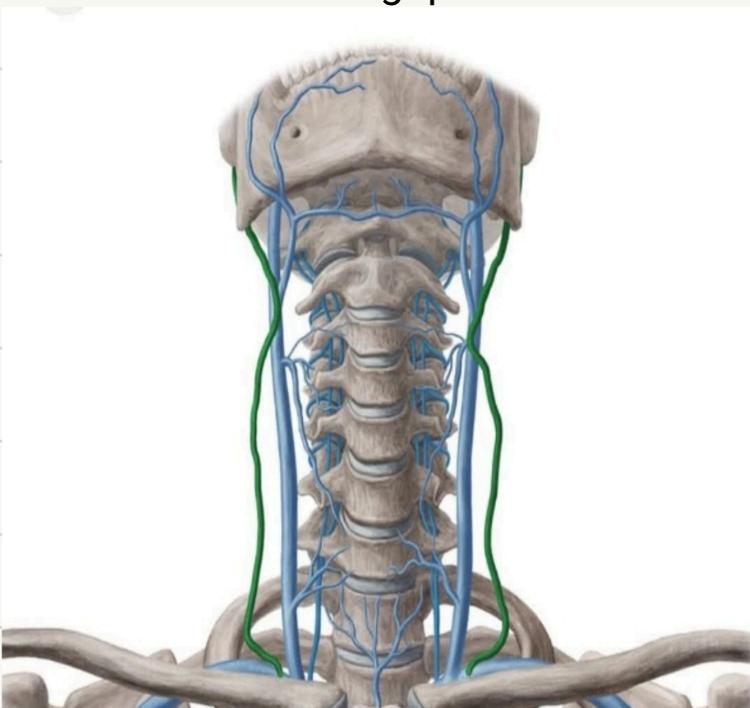
Systolic pressure 140

Diastolic 95

All are true except

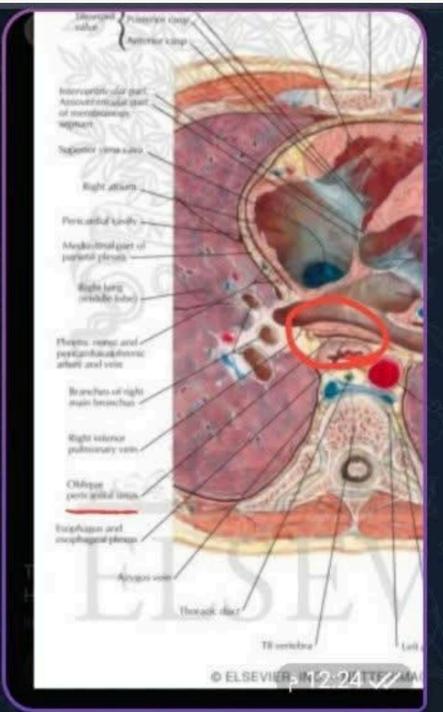
Diastolic pressure normal <<<<<<<<

There is no silent gap



Anterior jugular vein <<
Internal jugular vein
Subclavian

المفروض الجواب
external jugular vein
بس الدكتور ما حطته بالخيارات
الجواب حسب ما بتذكر ant وحكت

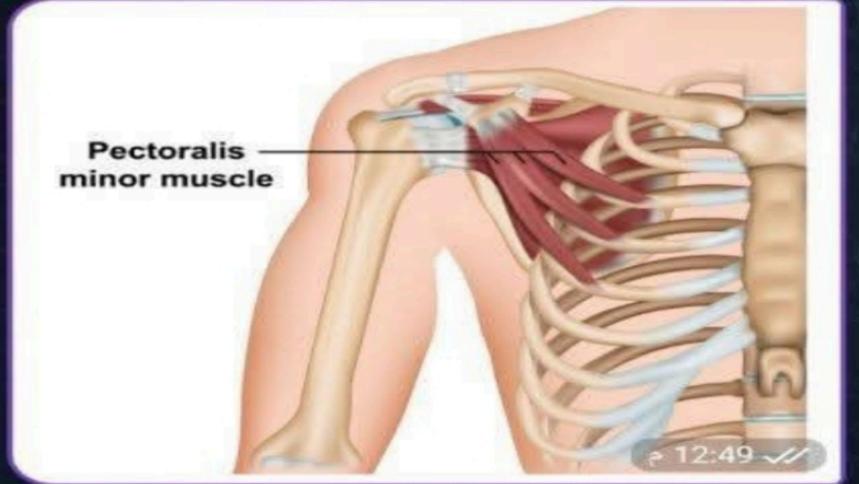
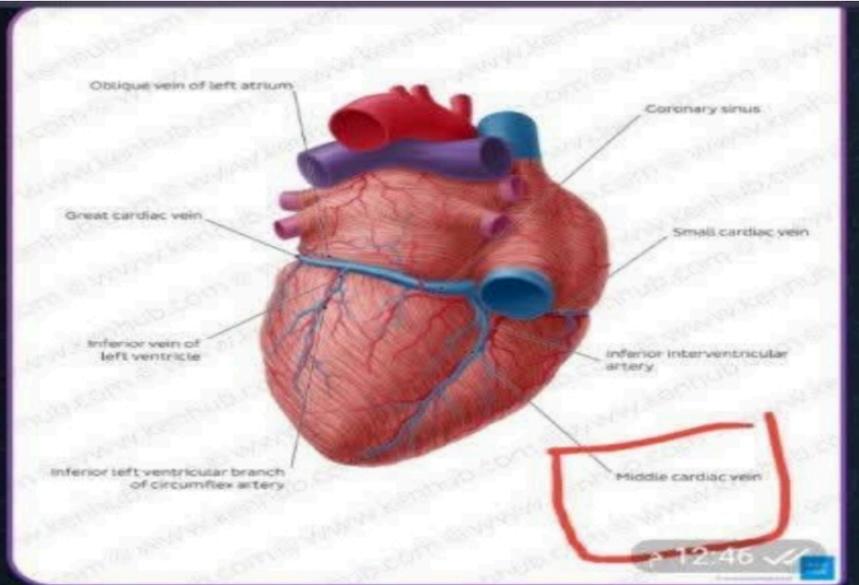


oblique sinus
Transverse sinus
Pulmonary trunk.. م 12:25 ✓

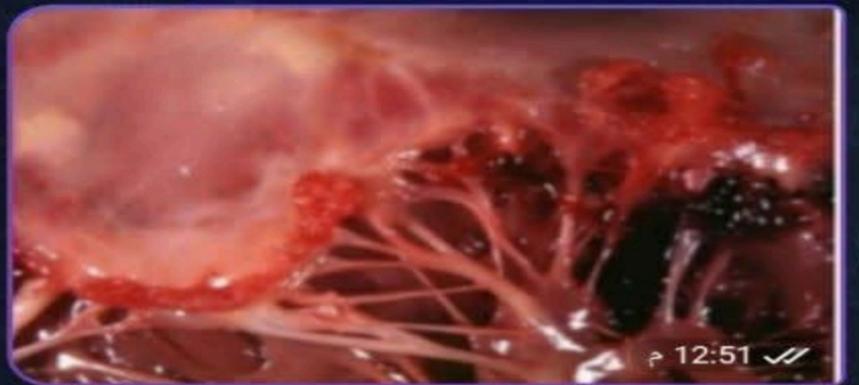
If you know that Systolic pressure=140 ,Diastolic pressure=95(measured by ~~incorrect~~ Stethoscope mechanism),The correct ANSWER IS:
A)PP=32%
B)diastolic pressure is normal ✓
C)Mean arterial BP is about 110
D)No silent gap
E)pressure of systole in palpitory mechanism more م معدلة 12:33 ✓

Found in right ventricle:
V1,V2,V3,avr ✓ م 12:39 ✓

PR interval:
Less than 0.2
Less than 330 in men
Less than 360 in female
Less than 0.12 م 12:41 ✓



Mahmood Jamal
صورة
العضلة الي بتقسم subclavian artery م 12:49 ✓



Mahmood Jamal
صورة
Rheumatic fever م 12:52 ✓

كانت جالبة مع شويبي