

Comments Field?

5 Dissection Worksheet

Fill out as much of the form below as you can. Some boxes are not relevant (*e.g.*, wall thickness of chordae tendinae) and the choice of size parameters will depend on the structure, but provide reasonable estimates for all the values that you can. In the comments section, describe briefly the notable characteristics of the structure that you observe.

1

Cardiac Structure	Dimensions	Wall	7	Comments	
	/Diameter(mm)	Thickness(mm	()		
Whole Heart					
Superior Vena Cava					
Inferior Vena Cava					
Right Atrium					
Right Ventricle					
Loft Atrium					- I

Discussion Section

• Purpose:

- Summarize observations and attempt mechanistic explanations

- Approach:
 - Begin with a summary but do not provide additional (or repeated) general background.
 - Make statements, then back them up
 - Base statements on your data, backed up by the textbook
 - Speculation is acceptable, as long as the logic is sound and the data support the argument.
 - Be sure to pursue all reasonable possibilities and not just the first that comes to mind
 - End with a restatement



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Discussion Section

- Example: valves
 - Statement of how they might work given their structure
 - Compare valves with each other, are they all open at rest or are some closed at rest? When do they open and close and how much time do they spend in each position?
- Another example:
 - "The quantity of fatty deposits around the heart was not expected prior to dissection. The perpetual function and relative importance of the heart to the organism's survival suggest these fatty deposits serve as an energy source, as well as a protective layer to abrupt mechanical loading."
 - What are the consequences of such a function?
 - Is this the only reasonable explanation?

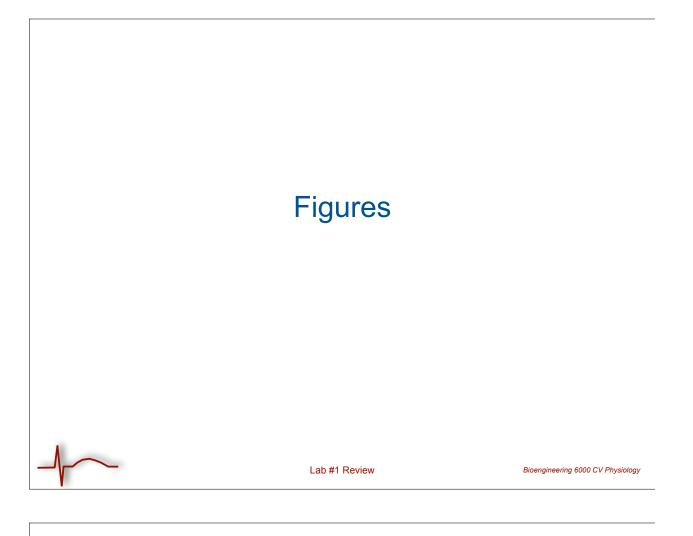


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Structure and Outlines

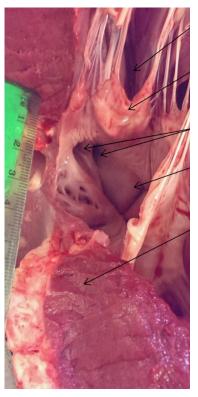
- Use outlines for structure:
 - to organize your thoughts BEFORE you write
 - and to analyze your flow AFTER you write
- Pay attention to what goes in each section.
 - Methods belongs in Methods, not Results.
 - Some discussion (better, interpretation) in Results section is fine.
 - Any point included in Introduction, should be addressed somewhere again in the report, usually Discussion section
 - But avoid explicit and pointless repetition





Perspective

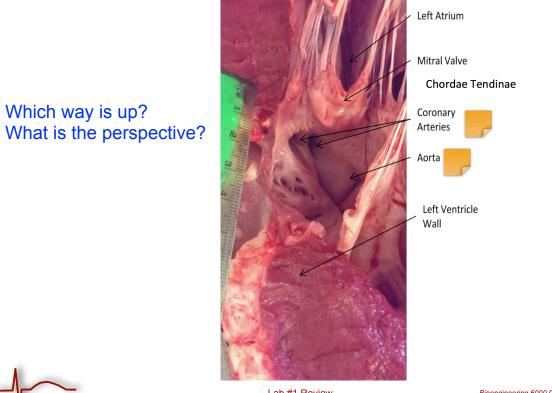
Which way is up? What is the perspective?





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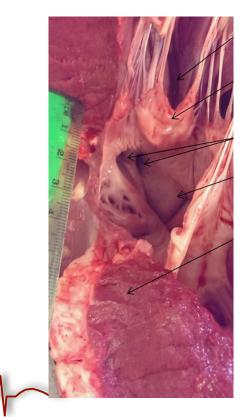
Perspective



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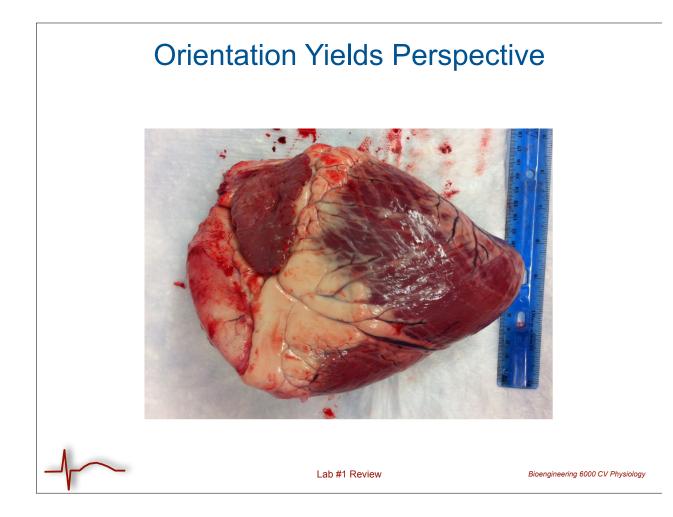
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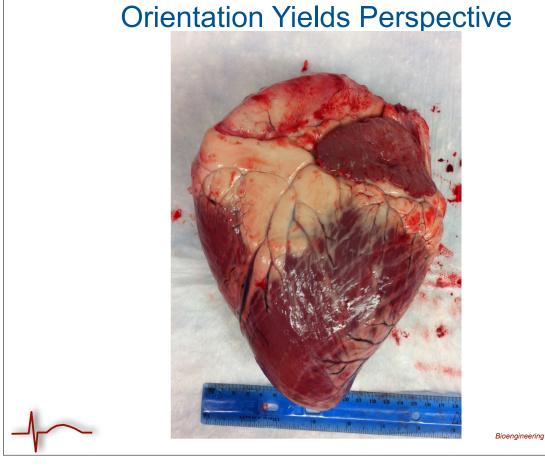
Mixed perspectives

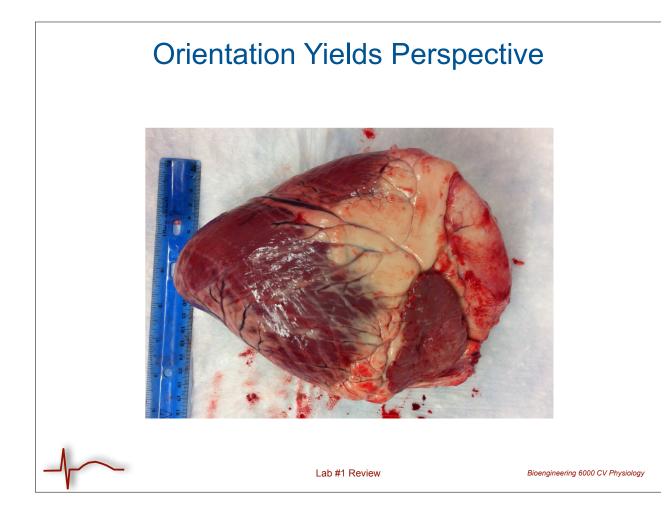




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Orientation Yields Perspective





Nice Organization

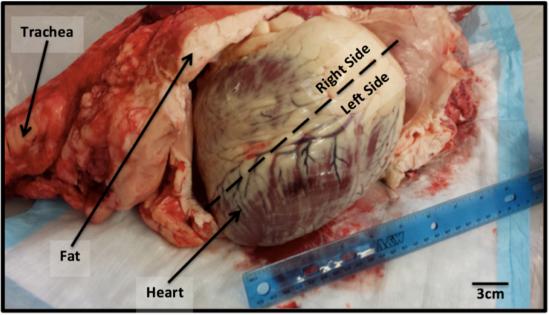


Figure 1: Heart not severed from the pulmonary system (trachea, left and right lungs). A thick layer of fat was removed from the right side of the lungs to uncover the left and right side of the heart as well as the aorta.

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Nice Layout and Caption

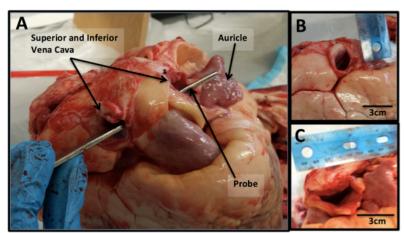
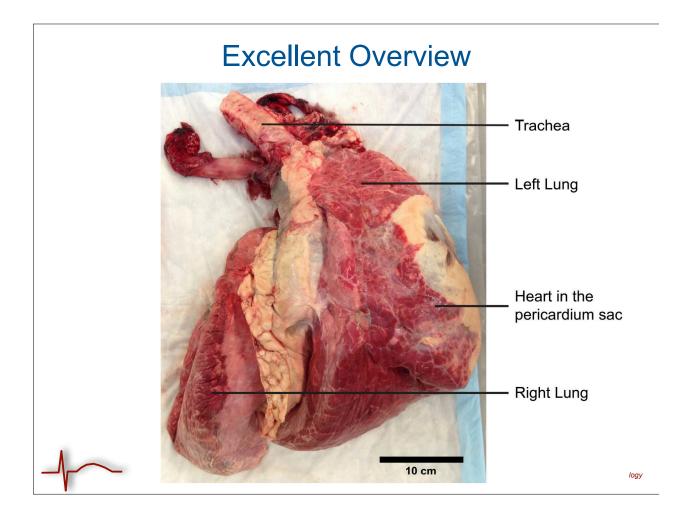
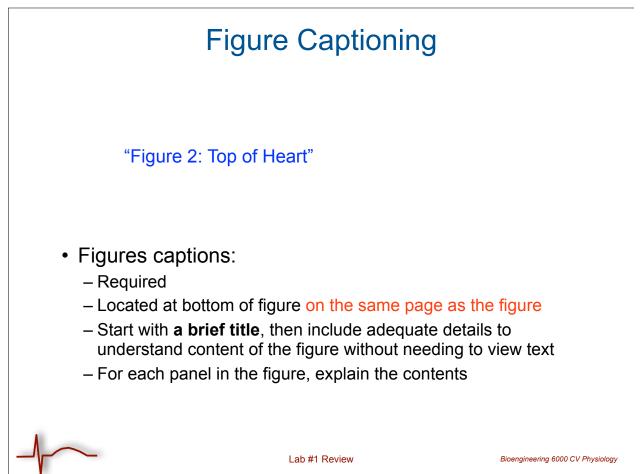


Figure 3: Vena Cava by which blood returns to the right atrium. A) A metal probe entering the superior vena cava and exiting the inferior vena cava from a posterior view of the heart with the base of the heart toward the top. B) Close up image of the superior vena cava opening. C) Close up image of the inferior vena cava opening.







Another Excellent Example

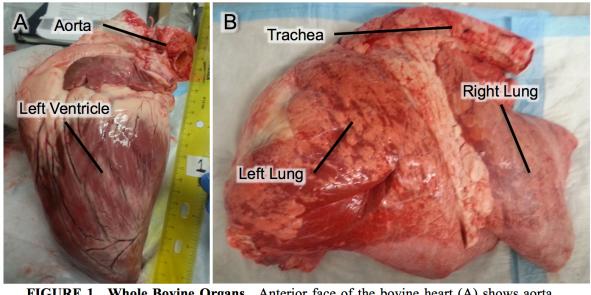


FIGURE 1. Whole Bovine Organs. Anterior face of the bovine heart (A) shows aorta and left ventricle and atrium. Full bovine preparation (B) shows both lungs and trachea structures. Notice that lungs are shown in reverse of anatomical orientation.

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Caption of the Year Award

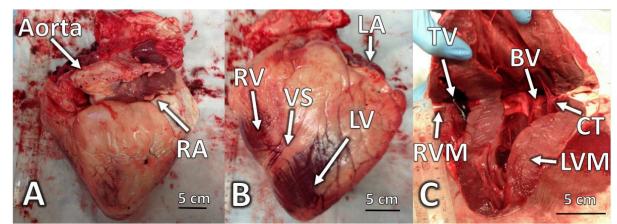


Figure 1- Major compartments of a bovine heart that highlight the pathway of blood during circulation. A- Posterior view of the bovine heart that shows the initial step of the blood entering the right atrium (RA) and exiting from the aorta. B- Anterior view of the bovine heart that shows the right ventricle (RV), the divisionary line between the RV and left ventricle (LV), called the ventricular septum (VS), and the re-introduction of the blood to the left atrium (LA) after being oxygenated from the lungs. C- Inner view of a bovine heart from the anterior side. This particular image shows the chordae tendinae (CT) that lead to the bicuspid valve (BV). The tricuspid valve (TV) is shown deep in the RV and relatively hard to see. Also, the picture highlights the size and shape of the left ventricular muscle (LVM) and the right ventricular muscle (LVM).

Captions Spanning Pages

Figure 2: The Aorta of the dissected heart was observed to branch into two aortic branches. The Vena Cava: Superior and the Inferior drain into the right atrium. Attach the caption to the figure in a way that it cannot plots across pages.

3

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File Size/Image Resolution

Which version is from the 27 times larger file?

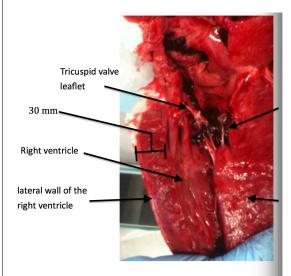


Figure 4: Anterior view right ventricle and tricuspid valv

17.2 MB

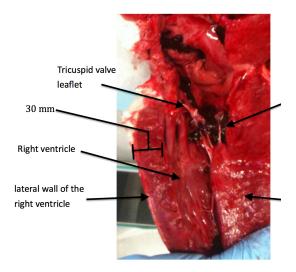


Figure 4: Anterior view right ventricle and tricuspid valve

.64 MB (27:1)

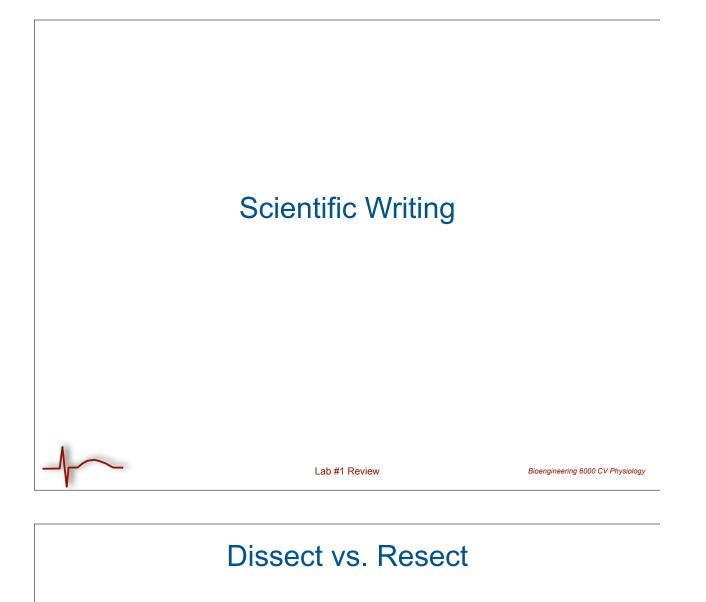
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	File	Size/Im	age Resolution
_	1 MB	Portab(PDF)	
	32.3 MB	Portab(PDF)	Winner of abuse-of-pixels award
	1.1 MB	Portab(PDF)	
	1.7 MB	Portab(PDF)	
	18 MB	Portab(PDF)	
	1.1 MB	Portab(PDF)	
	690 KB	Portab(PDF)	
	31.7 MB	Portab(PDF)	
	734 KB	Portab(PDF)	
	603 KB	Portab(PDF)	
	642 KB	Portab(PDF)	Compressed equivalent
	17.2 MB	Portab(PDF)	Original
	17.5 MB	Portab(PDF)	5
	941 KB	Portab(PDF)	
	663 KB	Portab(PDF)	
	6.4 MB	Portab(PDF)	
	520 KB	Portab(PDF)	
	601 KB	Portab(PDF)	
	6.4 MB	Portab(PDF)	
			ab #1 Review Bioengineering 6000 CV Physiology

Referring to Figures

- All figures must have a reference in the text
- Refer to figures by number and not, for example, "as seen below"





Resection:

(Surgery) surgery excision of part of a bone, organ, or other part

Collins English Dictionary

Dissection:

To cut (a plant or dead animal) into separate parts in order to study it

Merriam-Webster Dictionary



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General Writing Rules I

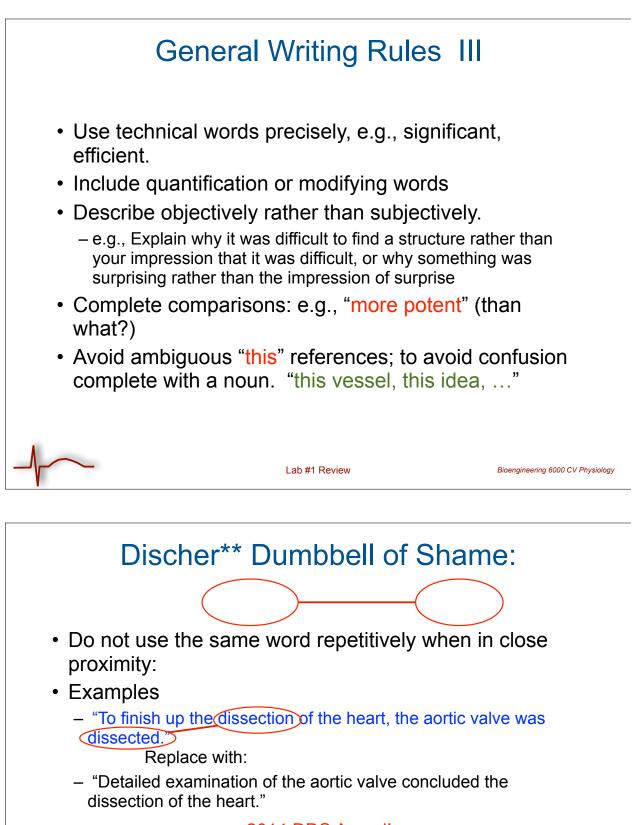
- Never use contractions (e.g,. "haven't, don't, didn't").
- Avoid possessives, e.g., "all of the body's other functions" should be "all of the other functions of the body".
- Verb tense:
 - In general, use past tense to report methods and results, anything actually performed or measured.
 - Use present tense only for statements of general truth.
- Avoid excessive use of first person (I, we, us, our).
- Avoid any use of the second person (you).
- Avoid colloquialisms
 - "You can kind of visually see the difference between the pulmonary artery in figure 5, as I pulled on it, it resisted that pull and kept its shape."

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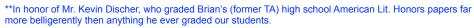
- Use Active over Passive Voice:
 - "Through dissection, it could be speculated how each aspect of the heart and lung could contribute to their functions such as..." (Passive)
 - "Dissection allows speculation regarding how each aspect of the heart contributes to its respective function." (Active)
- Take your report seriously
 - Avoid colloquial or conversational language
 - Humor and jokes do not belong in your report
- Avoid broad generalization, hyperbole
 - Keep statements to what you know. Be careful what you infer to "all", "every", etc.

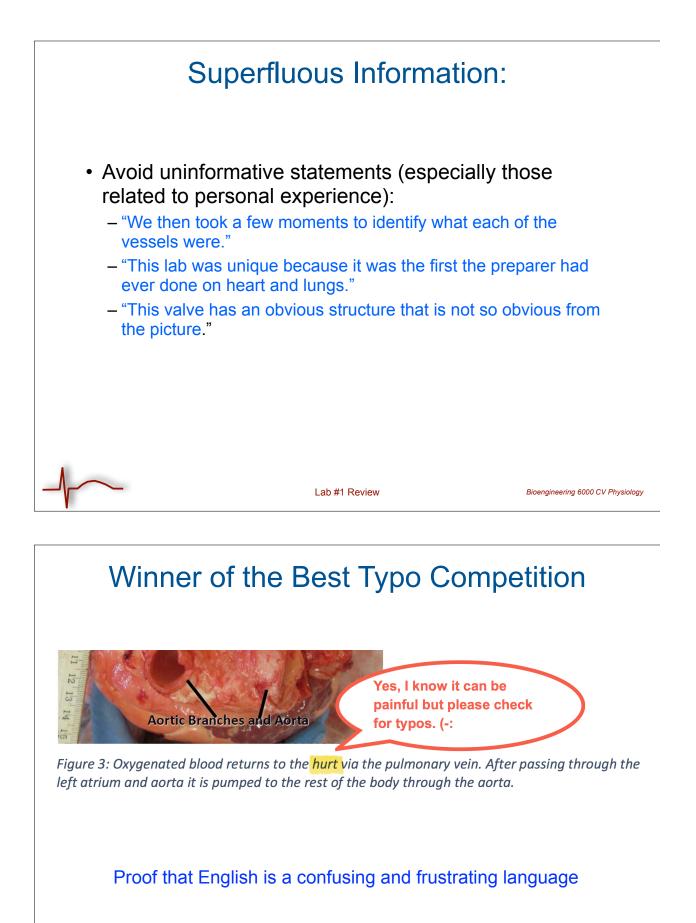




2014 DDS Award!

chamber locations are. The wall tissue when cut this direction was not uniform in direction, but rather changed direction as you went from epi-cardium to endo-cardium as well as from apex to base of the heart. Because muscle fiber shortens when contracted, because all of the fibers seem to run in different sections throughout the heart, it is reasonable to say that the heart would





Specific Critiques 2014

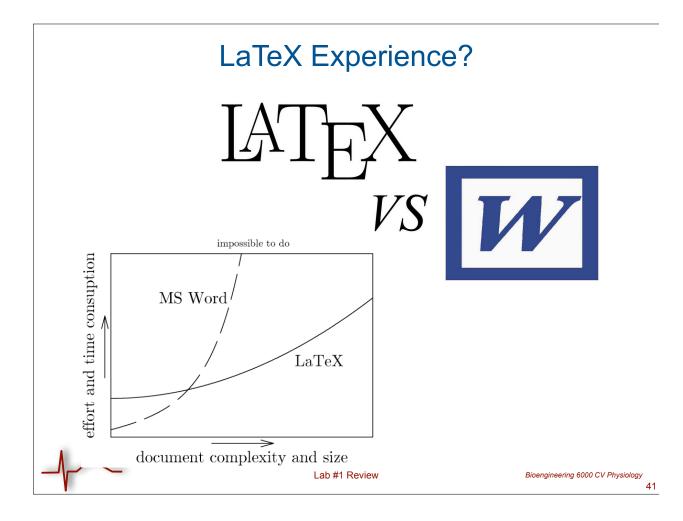
- Overall, quality was good to excellent! (3-9.5/10)
- Figure labels were inconsistent.
- Some figures cropped so much they lost context.
- Many cases for which composite figures would improve look and layout.
- Language sometimes too indirect and passive.
- "Too colloquial" or "Clumsy" were regular complaints.
- The comments field in data table was often missing.



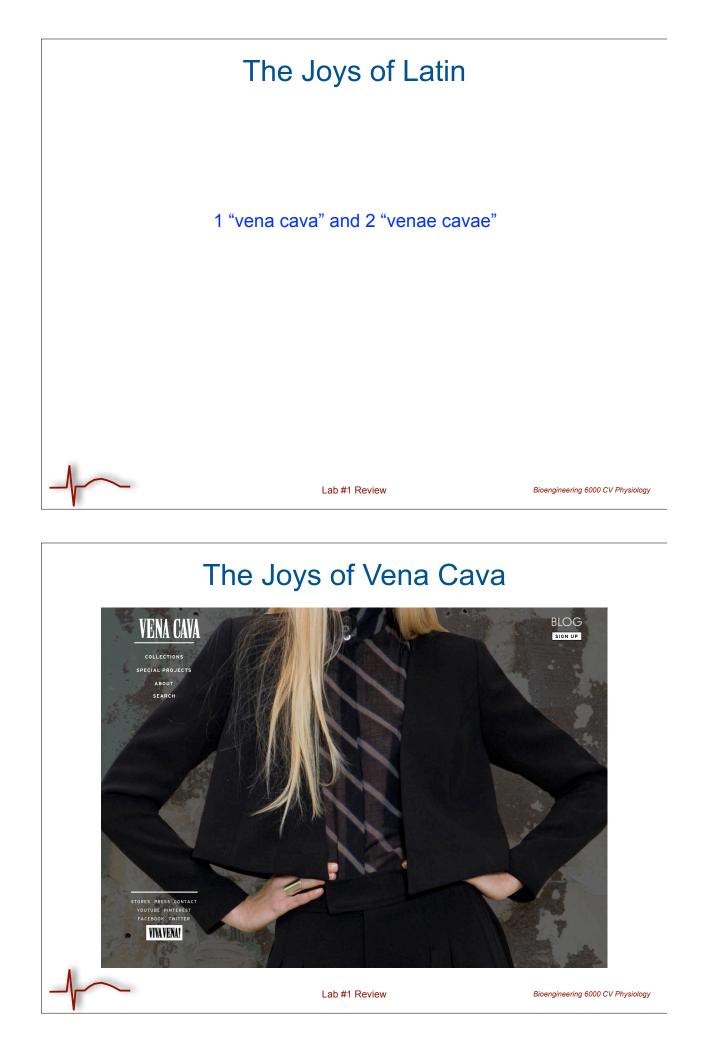
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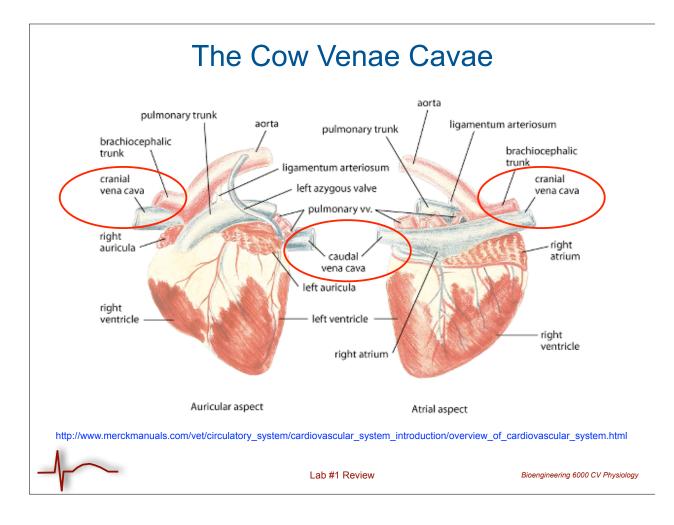
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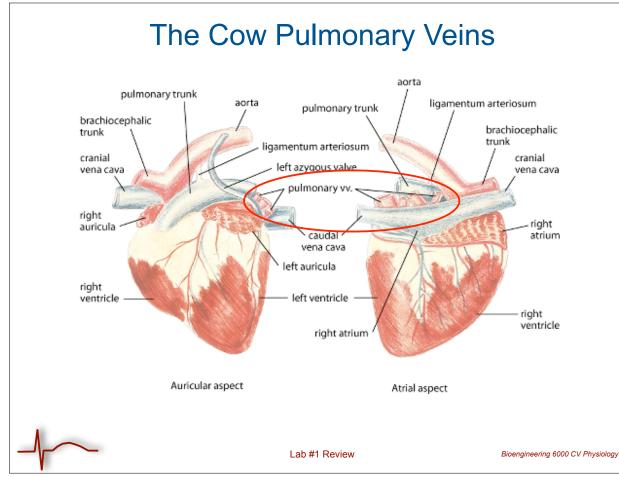
Document Prepation





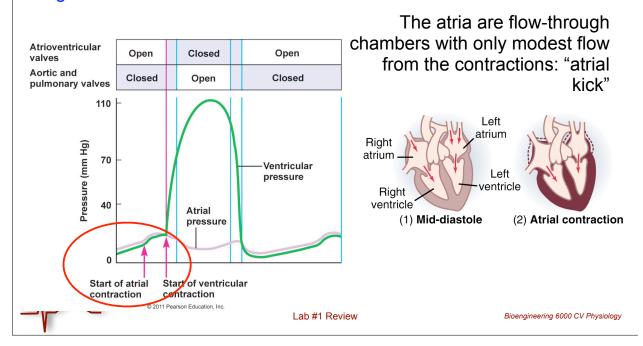






Role of the Atria

"Blood coming from the body enters the right atrium, is pumped into the right ventricle, then its pumped to the lung."



Misconceptions Cardiac volumes - How do ventricular volumes compare? LVEDV approx equal to RVEDV - What about atrial volumes? - How do ventricular outputs compare? right ventricular enddiastolic volume left ventricular enddiastolic volume 24 LV RV + female subjects male subjects female subjects 22 95% prediction bands for r 95% prediction bands for males 20 -- 95% prediction bands for fe 95% prediction bands for fer 18 (IIII) 1.0 1.2 BSA (m²) 1.6 1.4 1.0 1.2 BSA (m²) Normal right- and left ventricular volumes and myocardial mass in children measured by steady state free precession cardiovascular magnetic resonance Buechel et al. Journal of Cardiovascular Magnetic Resonance 2009, 11:19 Lab #1 Review Bioengineering 6000 CV Physiology

Another Source

Table 2. LV and RV measurements in 108 healthy volunteers

	Mean \pm SD (n = 108)	Male $(n = 63)$	Female $(n = 45)$	p value
LV ejection fraction (%)	69 ± 6	$69 \pm 6 (57 - 81)$	$69 \pm 6 (57 - 81)$.80
LV mass (g)	112 ± 27	$123 \pm 21 (81 - 165)$	$96 \pm 27 (42 - 150)$	< .001
LV mass index (g/m ²)	59.2 ± 11	62.5 ± 9.0 (45-81)	$54.6 \pm 12(31-79)$	< .001
LV end-diastolic volume (mL)	150 ± 31	$160 \pm 29 (102 - 218)$	$135 \pm 26 (83 - 187)$	< .001
LV end-diastolic volume index (mL/m ²)	80 ± 13	$82 \pm 13 (56 - 108)$	78 ± 12 (54-102)	.16
LV end-systolic volume (mL)	47 ± 15	$50 \pm 16 (18 - 82)$	$42 \pm 12 (18 - 66)$.007
LV end-systolic volume index (mL/m ²)	25 ± 7	$25 \pm 8 (9 - 41)$	24 ± 6 (12–36)	.53
LV stroke volume (mL)	104 ± 21	$112 \pm 19 (74 - 150)$	$91 \pm 17 (57 - 125)$	< .001
LV stroke volume index (mL/m ²)	55 ± 8	$56 \pm 8 (40 - 72)$	$54 \pm 9 (36 - 72)$.12
RV ejection fraction (%)	61 ± 6	$59 \pm 6 (47 - 71)$	$63 \pm 5(53 - 73)$.002
RV mass (g)	38 ± 8	41 ± 8 (25–57)	$35 \pm 7 (21 - 49)$	< .001
RV mass index (g/m ²)	20.3 ± 3.6	$20.6 \pm 3.7 (13 - 28)$	$20.0 \pm 3.5 (13 - 27)$.371
RV end-diastolic volume (mL)	173 ± 39	190 ± 33 (124–256)	$148 \pm 35 (78 - 218)$	< .001
RV end-diastolic volume index (mL/m ²)	91 ± 16	$96 \pm 15 (66 - 126)$	$84 \pm 17 (50 - 118)$	< .001
RV end-systolic volume (mL)	69 ± 22	$78 \pm 20 (38 - 118)$	$56 \pm 18(20-92)$	< .001
RV end-systolic volume index (mL/m ²)	36 ± 10	$39 \pm 10(19-59)$	$32 \pm 10 (12 - 52)$	< .001
RV stroke volume (mL)	104 ± 21	$113 \pm 19 (75 - 151)$	$90 \pm 19 (52 - 128)$	< .001
RV stroke volume index (mL/m ²)	55 ± 9	57 ± 8 (41-73)	53 ± 9 (35-71)	.02

Values are given as mean \pm SD; reference ranges in brackets, calculated as \pm 2SD of the mean.

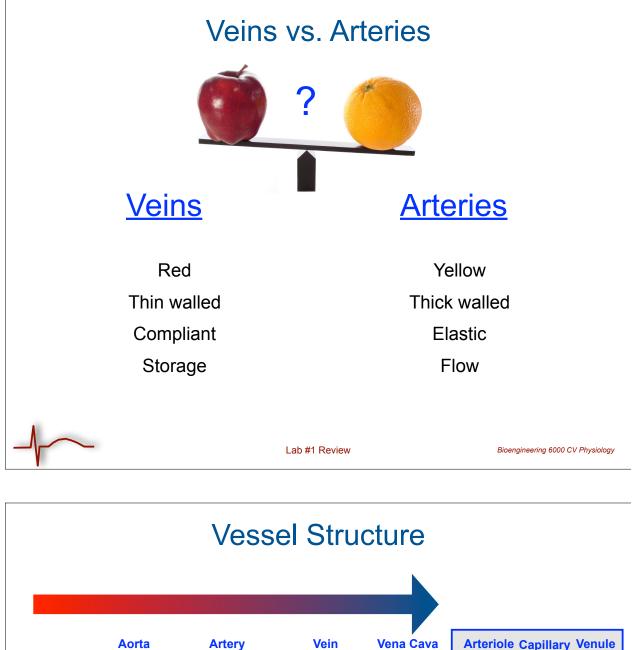
Hudsmith et al. Journal of Cardiovascular Magnetic Resonance 2005, 7:775-782

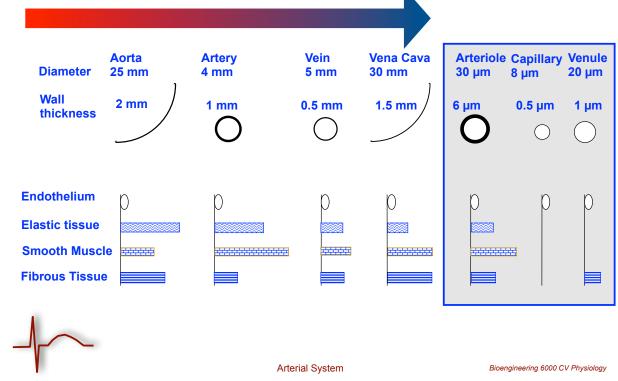
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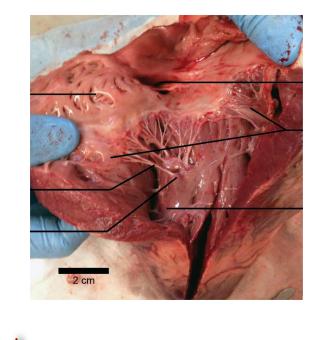
Variable	Cow	Man Woman	Dog	Rabbit	Rat
Weight (kg)	414	70	20	4	0.6
Cardiac Output (ml/ sec)	680	110	42	5.2	1.2
Heart rate (min ⁻¹)	71	76	99	288	349
Stroke (Volume (ml)	570	87	25	1.1	0.21
Velocity in ascending aorta		16	18	32	22

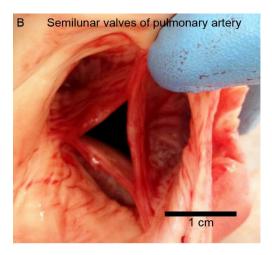
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What explains the difference in valves?

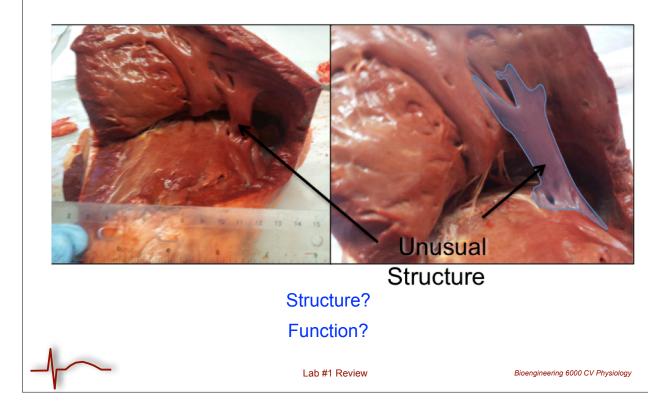


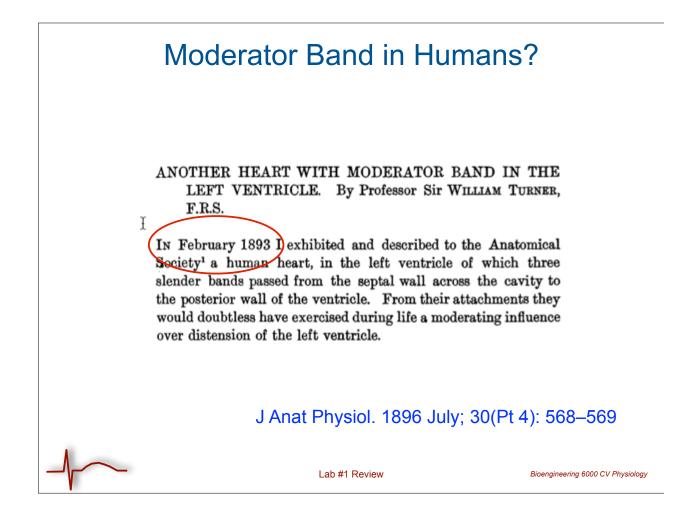


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"The Unusual Structure"





The Moderator Band in Action





2012





Local band of former OHSU medical students raises money for a good cause!

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