

Lab Report Comments

March 2013
Josh Silvernagel



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Bioengineering 6000 CV Physiology

Take Home Messages

Make your story easy for the reader to follow

For guidance, model a peer-reviewed publication when preparing reports

When in doubt, ASK US!



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Methods

Only the information required for someone else to carry out the experiment and get similar results

Does acquiring an apron and opening the box containing the heart/lungs alter what someone else would find?



Numbered lists are not appropriate.

Methods

Preparing the Force Transducer and circuit

In order to observe and record the force of contraction over time, the force transducer with an amplifier, A/D converter, and computer recording software were used. The following methods describe the setup of the circuit used for the force of contraction measurements.

1. The force transducer was connected to CH1 of an ETH-256 dual channel bio-amplifier.
2. A BNC T-connector was used on the output of the bio-amplifier.
 - a. One end of the T-connector was connected to the oscilloscope.
 - b. The other end of the T-connector was connected to an A/D converter.
3. The settings of the bio-amplifier were adjusted to obtain a clean signal as possible. These settings also needed to allow us to observe the gentle bending of the force transducer, such that the beating of a frog heart tied to the transducer would result in a measurable response. The following settings are similar to those described in the lab manual, and allowed us to monitor the force applied by individual heart beats quickly.
 - a. The low pass filter (LPF) was set at 5 Hz
 - b. The high pass filter (HPF) was set at DC
 - c. The gain was set at 5.
4. The oscilloscope was set to DC coupling and 100mV/division.
5. A custom acquisition program was used, set at a sampling rate of 150 Hz.
6. At this point it may be appropriate to create a calibration curve with the force transducer using objects with known mass that generate forces similar to those being generated by the frog heart. We chose to generate a force calibration curve using paperclips after all experimentation was done.



Results

Text should be interspersed with images

Excel is a poor tool for science

Appendices not necessary – if they are results, put them in Results



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Titles are not included in figures.

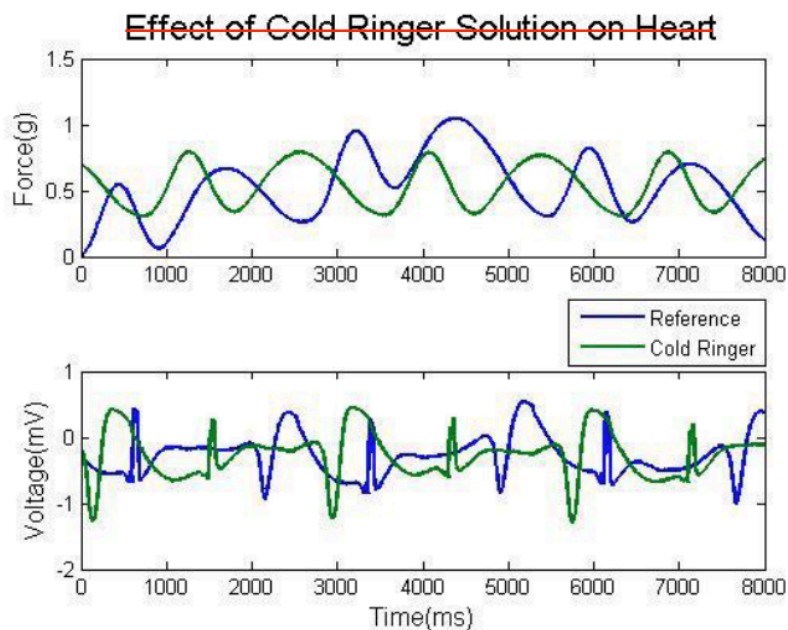


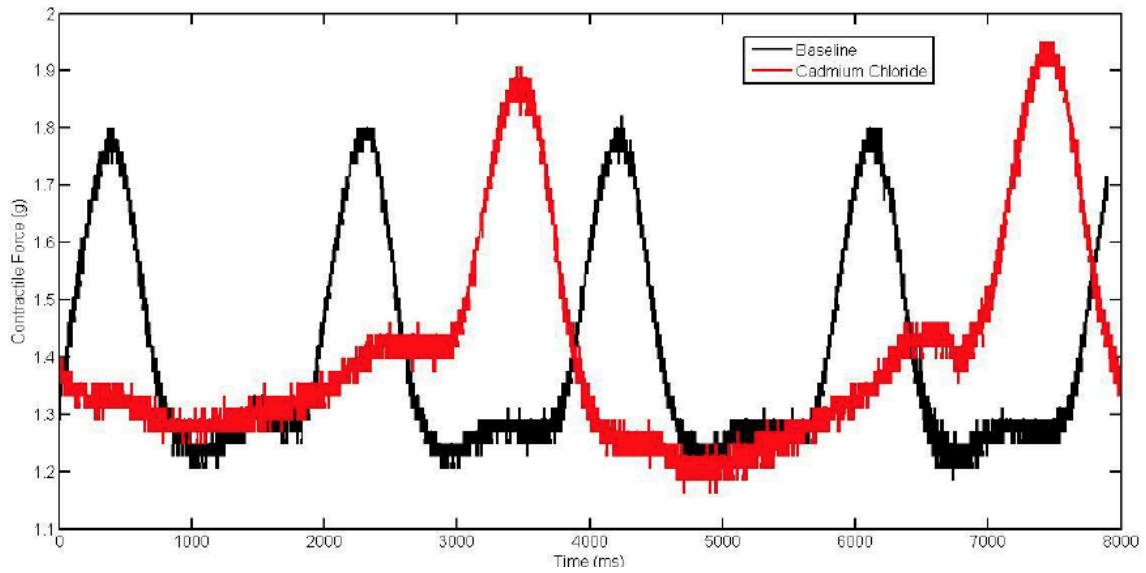
Figure 4: Effect of Cold FRS on the heart. The decrease in contraction strength is visible in the curve, while a change in heart rate is not readily visible.



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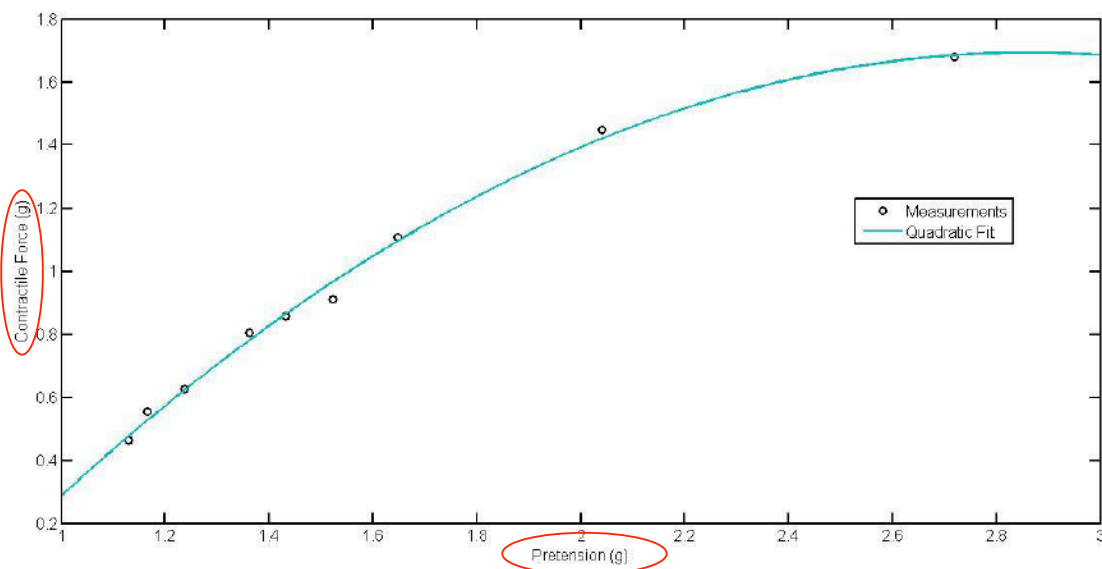
Generate high quality images.



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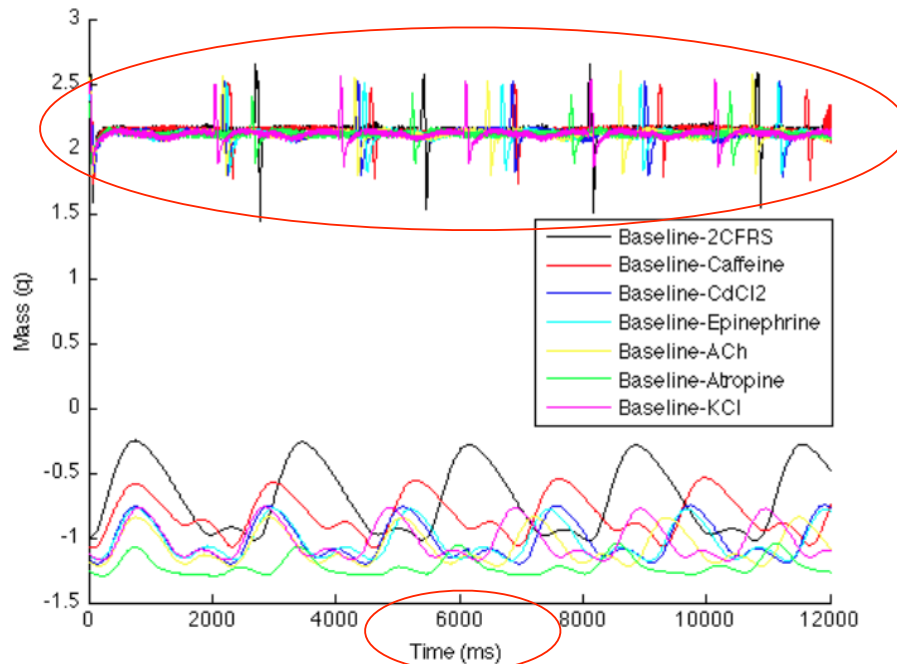
All labeling needs to be legible.



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Avoid convolution.



Captions

Captions need to convey **ALL** the information required to understand what is shown in the figure

If it is important enough to point out on the image, it is important enough to mention in the caption/text



Fully explain the images.

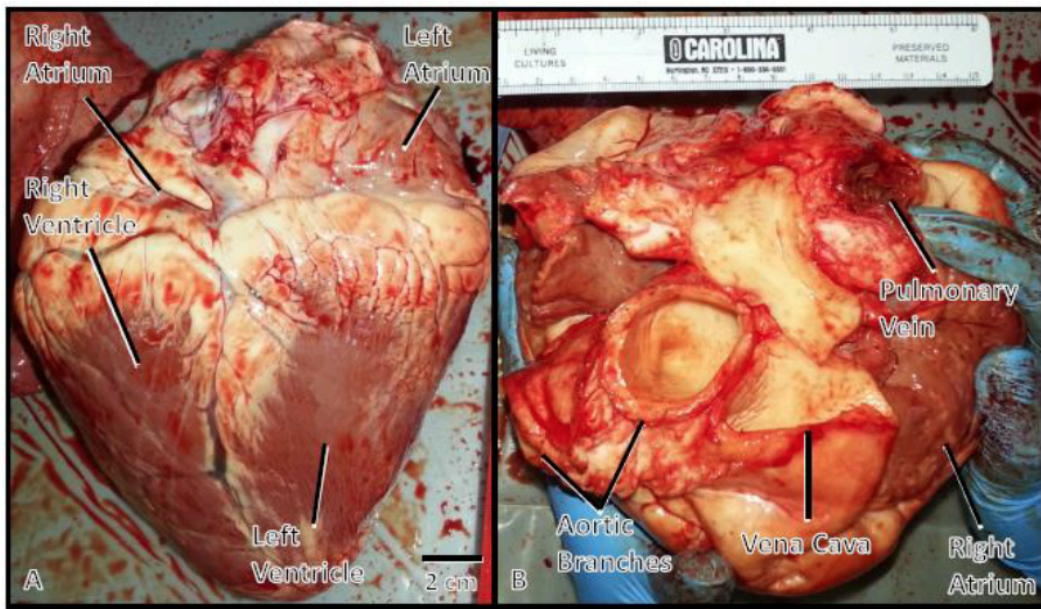


Figure 1 – Cow heart exterior surface. A: Anterior face of the heart. B: Top view of the heart giving an overview of many of the main cardiac vessels entering/leaving the heart.



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Avoid stating the obvious.

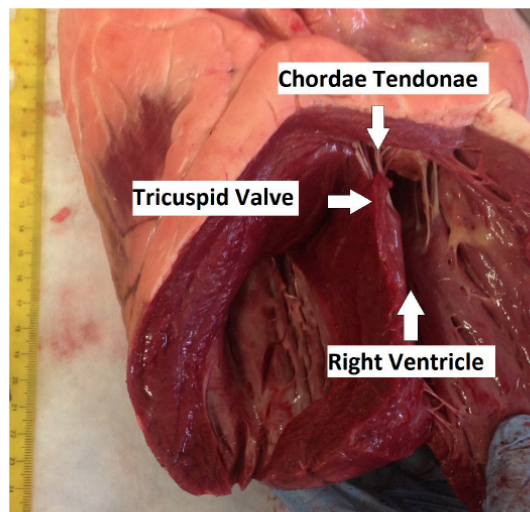


Figure 2: View of the Right Ventricle: The tricuspid valve is directly above of the right ventricle



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Captions serve a purpose, not just fulfill a requirement.

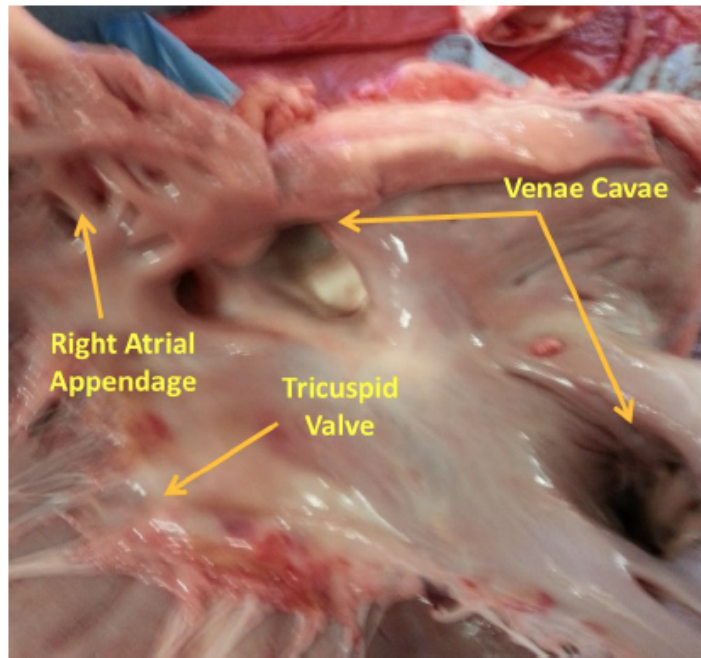


Figure 9: Opened Right Atrium



Quality Caption Example

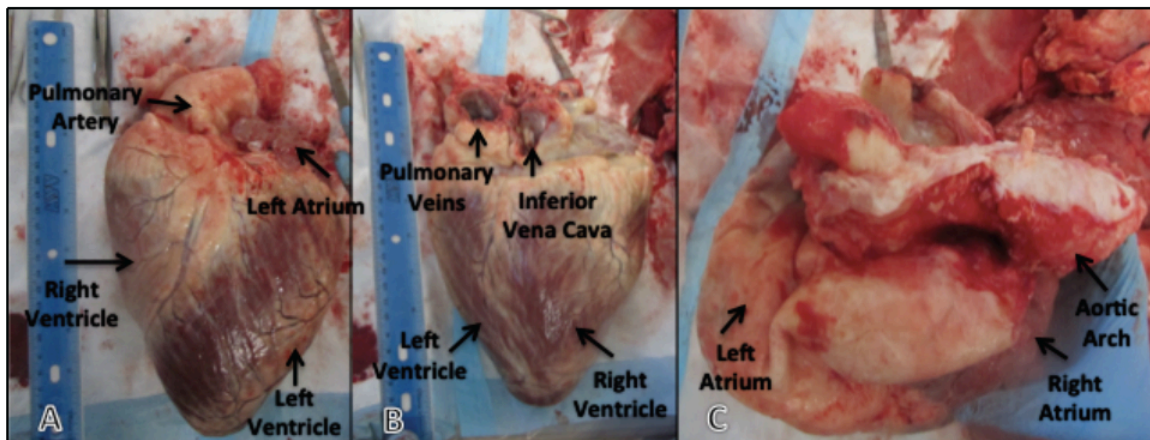


Figure 2: External Anatomy of the Bovine Heart. A: The anterior surface shows the ventricles and the pulmonary artery. B: The posterior surface provides a view of the pulmonary veins entering the left atrium, and the inferior vena cava, which delivers deoxygenated blood to the heart. C: The superior face of the heart provides a view of the aortic arch and its relation to the atria and auricles.



Tables

Limit to a single page

A single title, which comes at the top of the table

Table 2: Measurements of vessels within the lungs

Pulmonary Structure	Outer Diameter	Wall Thickness
Trachea	5.1 cm	7 mm
Left Main Bronchus	2.5 cm	2 mm
Right Main Bronchus	3.0 cm	2 mm
2 nd Generation Bronchus	1.4 cm	2 mm



Page 1

INTERVENTION	HEART RATE (beats per minute)	CONTRACTION STRENGTH (grams)	MAGNITUDE OF VENTRICULAR CONTRACTION SIGNAL IN ELECTROGRAM (volts)	COMMENTS
Reference	14.6039	15.9339	1.3947	Signal identical to ZC Cold Singer's
ZC Cold Singer's	14.8955	15.8728	1.2775	the reference.

Page 2

solution				slight decrease in ventricular signal magnitude in electrogram with Singer's
Reference	22.779	16.7428	5.9154	Increase in heart rate, decrease in contraction strength and ventricular signal magnitude, bump after the ventricular signal with caffeine, gets smaller with time
30mM Caffeine	31.6331	16.6495	5.4006	Decrease in heart rate and ventricular contraction, increase in contraction strength, higher magnitude atrial signal with CaCl2
Reference	32.8362	16.6329	3.4587	Increase in heart rate and ventricular electrogram, decrease in contraction force, bigger atrial wave, reduce with time
0.5mM Calcium chloride (CaCl2)	26.7030	16.8994	2.4841	Drop in heart rate, increase in contraction force and ventricular electrogram, atrial signal also smaller
Reference	23.9425	16.628	0.9038	Elevated heart rate (double peak) and ventricular electrogram magnitude, drop in force, atrial signal bigger than ventricular signal
50mM Epinephrine	25.4525	16.5831	1.1749	Only few beats seen after adding a lot of KCl, effect is smaller with time
Reference	31.6436	16.6246	0.5642	
1mM acetylcholine (ACh)	13.1047	16.6827	0.6888	
Reference	9.5694	16.2512	0.679	
1 mg/ml atropine	65.1387	16.36	0.7565	
Reference	37.2349	15.8539	0.5364	
1M Potassium chloride (KCl)	-	15.8076 (magnitude of 1 beat)	0.2021 (magnitude of 1 beat)	

Page 3



				same, large peak in contraction signal and electrogram before cardiac arrest
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Be clear and concise

“The heart and lungs are nature's answer to the question of how to give nutrients and other lifesaving elements as well as the removal of waste from all of the trillions of different cells which make up a higher order multicellular complex life form.”

Rewrite:

The heart and lungs transport gases and nutrients throughout the body.



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“The tricuspid valve was located by looking for the distinct chordae tendinae that help them to function. The pulmonary valve was the final piece found within the right atrium, which were located by looking for an outflow from the ventricle that would lead to the lungs. After the right ventricle was fully inspected, incisions were made to investigate the left ventricle.”

Rewrite:

The pulmonary and tricuspid valves were located and examined prior to dissecting the left ventricle.



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Use scientific language and metrics.

“The incision was about 6 inches in length and almost about an inch deep. The deepness of the cut and the effort it took was not surprising as the left ventricle is known to have thicker walls due to its functionality of pumping to every extreme of the body.”



Avoid repetitive language.

2.1. Preparation

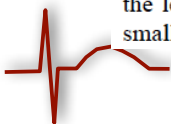
After obtaining all materials needed for the dissection, we removed the heart and lungs from the plastic containing bag and placed them on the absorbing pad. We oriented the heart and lungs to keep track of which side was which when dissecting the lungs later in the experiment. We identified the trachea first and then the left and right lungs. We were able to identify where the heart started in respect to the trachea and lungs. We removed the heart from the pericardial sac and surrounding fat, as well as from the trachea and lungs.

2.2. Heart

We identified the aorta, vena cava, pulmonary vein, and pulmonary artery from a superior to inferior view to orient the heart. We identified the right ventricle based on the location of the coronary blood vessels separating left from right ventricle. We dissected it by cutting along the direction of the coronary blood vessels and opened up the right ventricle. We identified major structures of the right ventricle and opened up the right atrium. We chose to dissect the ventricles before the atria because it was much easier to identify the ventricles due to their larger size. We then proceeded to perform the same steps on the left ventricle. We followed the curvature of the coronary blood vessels as a guideline to dissect both ventricles.

2.3. Lungs

We inflated the left lung using a tube connected to the air valve in the lab. We then cut the left lung down a second-generation bronchus all the way to where the branching was too small to see. We did this to further investigate the structure of the lungs.



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