

## **Physiology Practical Manual**



**( Dr.Mustafa's Revision )**

**By :**

**Mo3ath AL-Saiady**

**Thanks To :**

**Ahmed Al-Aqeel  
Bilal Marwa  
Mohamed AlOtaiby  
Batel Al-Toraiqy  
Faisal Al-Sarrani**

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**Online Medical Student Community**

**بداية..**

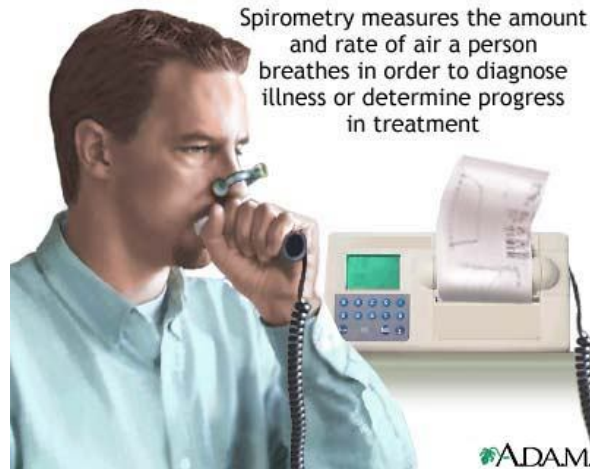
**المواضيع التي داخلة معنا هي:**

- 1-The Spirometry**
- 2- The Dynamic Spirometry**
- 3 -Diuresis**
- 4- Glucose Tolerance Test GTT**

**مرجع المذاكرة:**

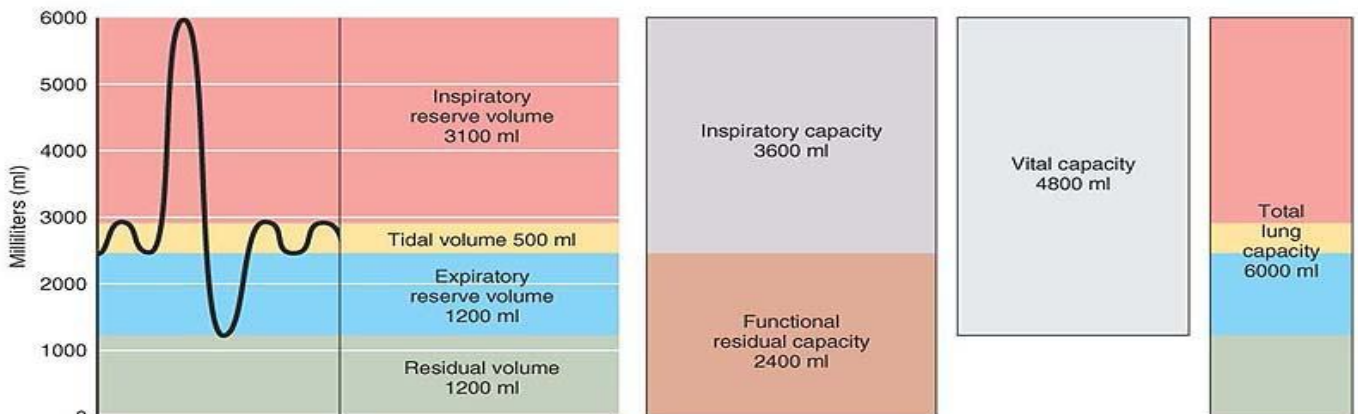
مذكرة اخو بلال ( البراء ) موجودة في الكويك كوبي برقم  
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## The Spirometry / الموضوع الاول



اهم النقاط التي لازم تُعرف في هذا الموضوع:

- **Definitions** of Lung volumes & capacities
- **Normal values** of Lung volumes & capacities
- Residual Volume **Can not be measured** by spirometry , it is measured by **Helium dilution technique**

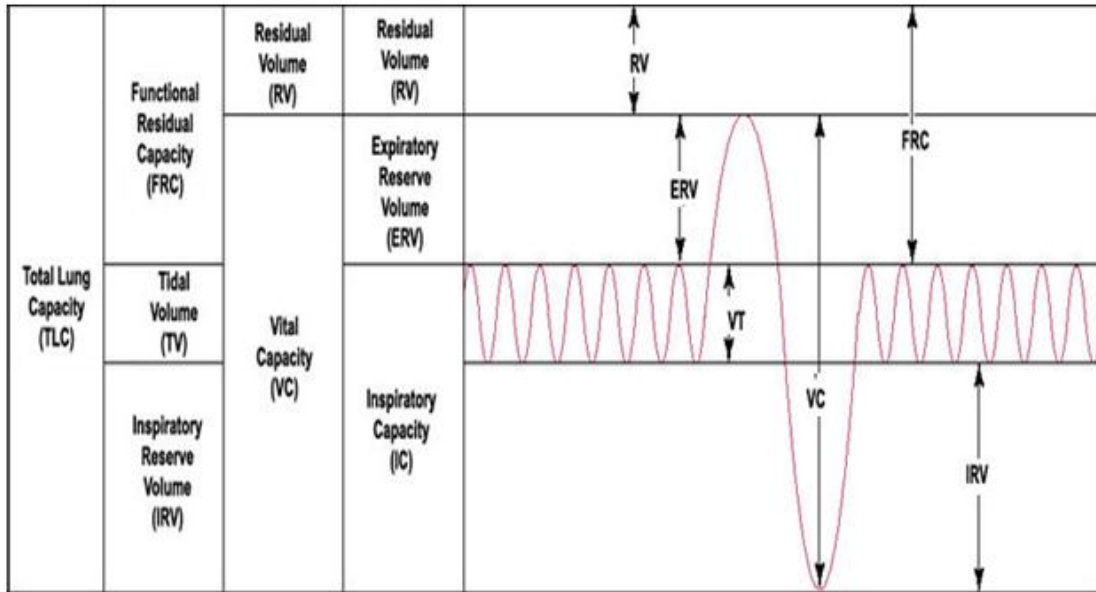


(a) Spirographic record for a male

	Measurement	Adult male average value	Adult female average value	Description
Respiratory volumes	Tidal volume (TV)	500 ml	500 ml	Amount of air inhaled or exhaled with each breath under resting conditions
	Inspiratory reserve volume (IRV)	3100 ml	1900 ml	Amount of air that can be forcefully inhaled after a normal tidal volume inhalation
	Expiratory reserve volume (ERV)	1200 ml	700 ml	Amount of air that can be forcefully exhaled after a normal tidal volume exhalation
	Residual volume (RV)	1200 ml	1100 ml	Amount of air remaining in the lungs after a forced exhalation
Respiratory capacities	Total lung capacity (TLC)	6000 ml	4200 ml	Maximum amount of air contained in lungs after a maximum inspiratory effort: $TLC = TV + IRV + ERV + RV$
	Vital capacity (VC)	4800 ml	3100 ml	Maximum amount of air that can be expired after a maximum inspiratory effort: $VC = TV + IRV + ERV$ (should be 80% TLC)
	Inspiratory capacity (IC)	3600 ml	2400 ml	Maximum amount of air that can be inspired after a normal expiration: $IC = TV + IRV$
	Functional residual capacity (FRC)	2400 ml	1800 ml	Volume of air remaining in the lungs after a normal tidal volume expiration: $FRC = ERV + RV$

(b) Summary of respiratory volumes and capacities for males and females

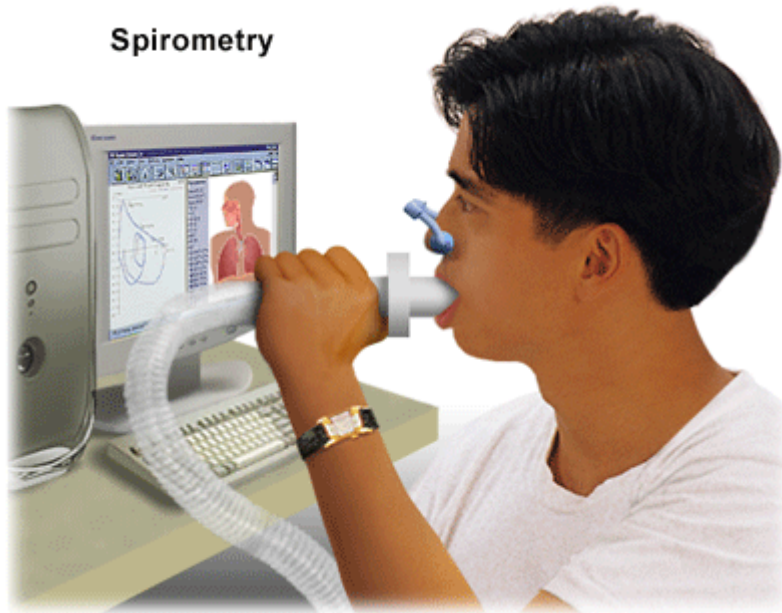
-وايضا لازم تعرفون المعلومات اللي في هذي الصورة :



**The significance of residual volume** واخيرا-

- @ To prevent lung collapse
- @ To facilitate work of breathing
- @ To allow continuous gas exchange between breaths

## / الموضوع الثاني Spirometry / The Dynamic Spirometry



اهم النقاط التي لازم تُعرف في هذا الموضوع:

- **The FEV1/FVC ratio** : is a calculated ratio used in the diagnosis of obstructive and restrictive lung disease

$$@ FEV1\% = FEV1/FVC \times 100$$

@ **Normal** values are approximately **80%**

@ In **obstructive** lung disease, the FEV1 is reduced due to obstruction to air escape. Thus, the FEV1/FVC ratio will be **reduced**

@ In **restrictive** lung disease, the FEV1 and FVC are equally reduced due to fibrosis or other lung pathology (not obstructive pathology). Thus, the FEV1/FVC ratio should be approximately **normal**.

**in summary :**

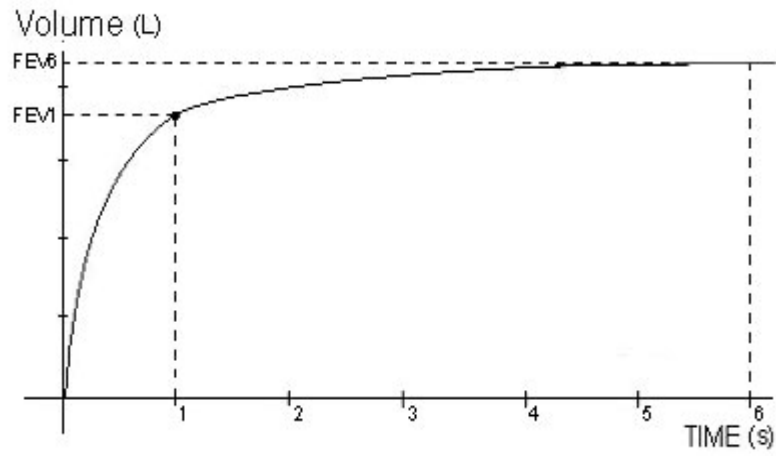
### **Obstructive**

- FEV1/FVC % >>> ↓↓↓ far below 80%
- FEV1 >>> ↓
- FVC >>> Normal or ↓

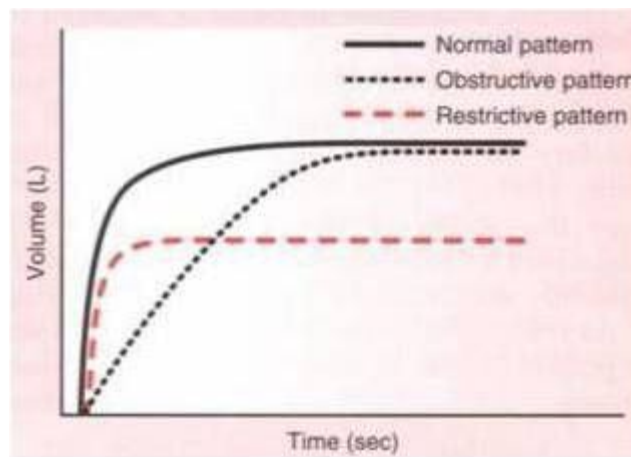
### **Restrictive**

- FEV1/FVC % >>> Normal or slightly ↑
- FEV1 >>> ↓
- FVC >>> ↓↓↓ can reach 3L

**The Volume-Time curve :  
Normal**

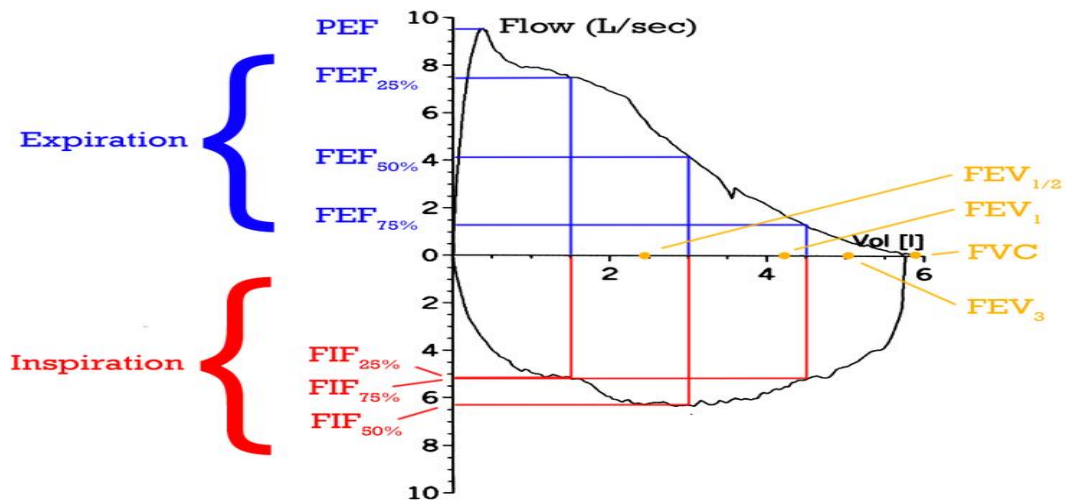


normal , restrictive & obstructive lung disease

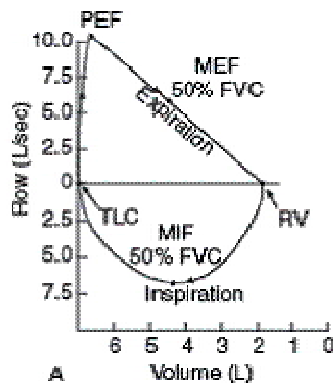


**The Dynamic Spirometry** تابع الموضوع الثاني /

**Flow-Volume loop :**



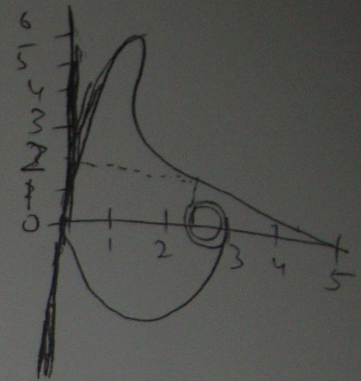
**Normal Flow Volume Loop**



Normal. Inspiratory limb of loop is symmetric and convex. Expiratory limb is linear. Flow rates at the midpoint of the inspiratory and expiratory capacity are often measured. Maximal inspiratory flow at 50% of forced vital capacity (MIF 50% FVC) is greater than maximal expiratory flow at 50% FVC (MEF 50%FVC) because dynamic compression of the air-ways occurs during exhalation.

Normal Vales: → Peak (PEF): 6-12 L/sec      →MEF<sub>50%</sub> : 4-8 L/sec  
 Obstructive: →MEF ↓                              → PEF (normal)  
 Restrictive : → FVC ↓ (< 3)

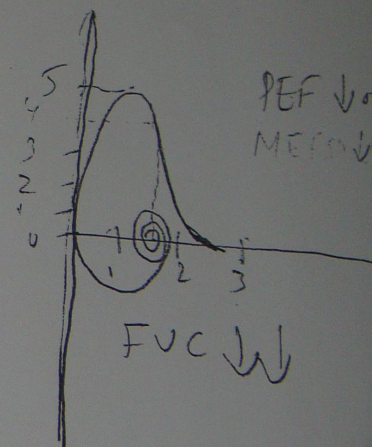
### Obstructive disease



Although all flow rates are diminished, expiratory prolongation predominates, and  $MEF < MIF$ . Peak expiratory flow is sometimes used to estimate degree of airway obstruction but is dependent on patient effort.



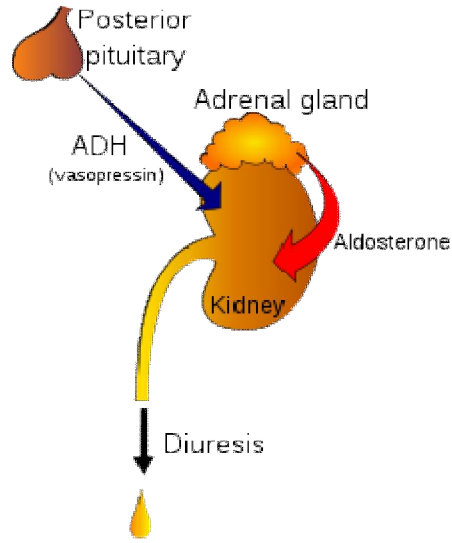
### Restrictive Disease



The loop is narrowed because of diminished lung volumes, but the shape is generally the same as in normal volume. Flow rates are greater than normal at comparable lung volumes because the increased elastic recoil of lungs holds the airways open



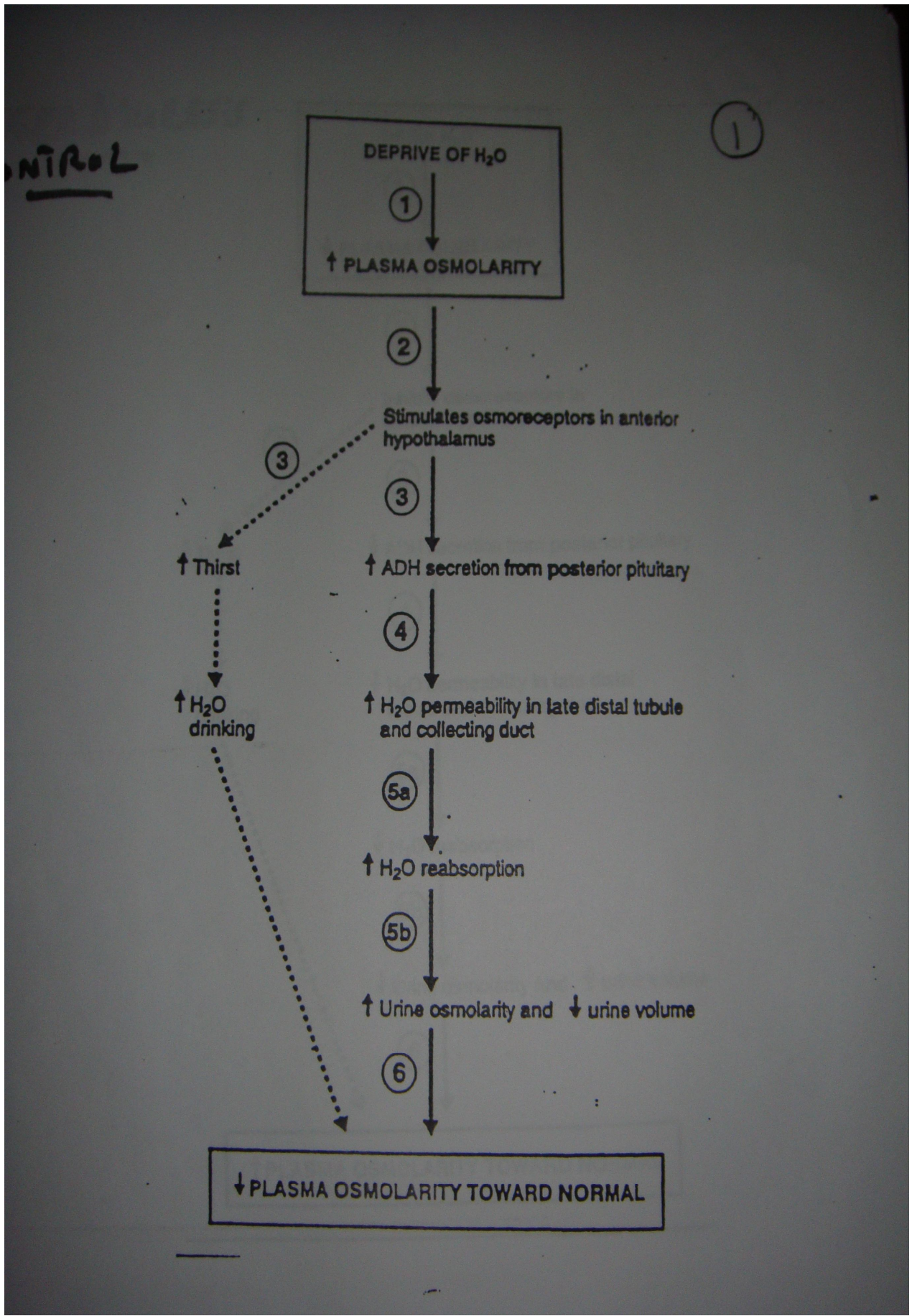
## الموضوع الثالث / Diuresis



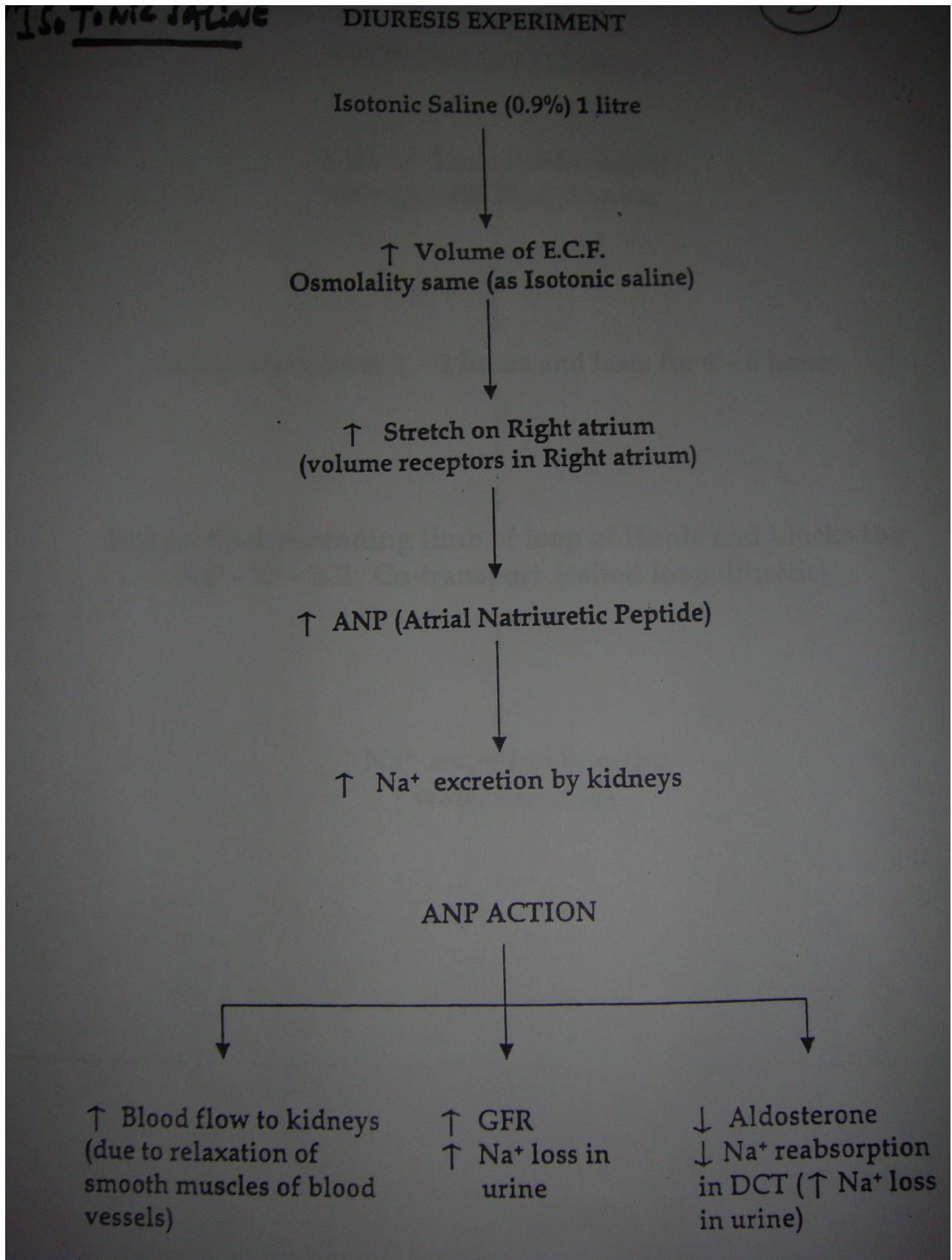
طبعاً لو تذكرون ان التجربة طبقت على 4 اشخاص  
الاول / شرب موية  
الثاني / شرب Saline  
الثالث / اخذ Lasix  
الرابع / قعد يتفرج (ما شرب او اخذ شي يعني)

المطلوب هو اننا نعرف وش ال Effect اللي صار لكل شخص وكيف يصحح هذا ال Effect ؟

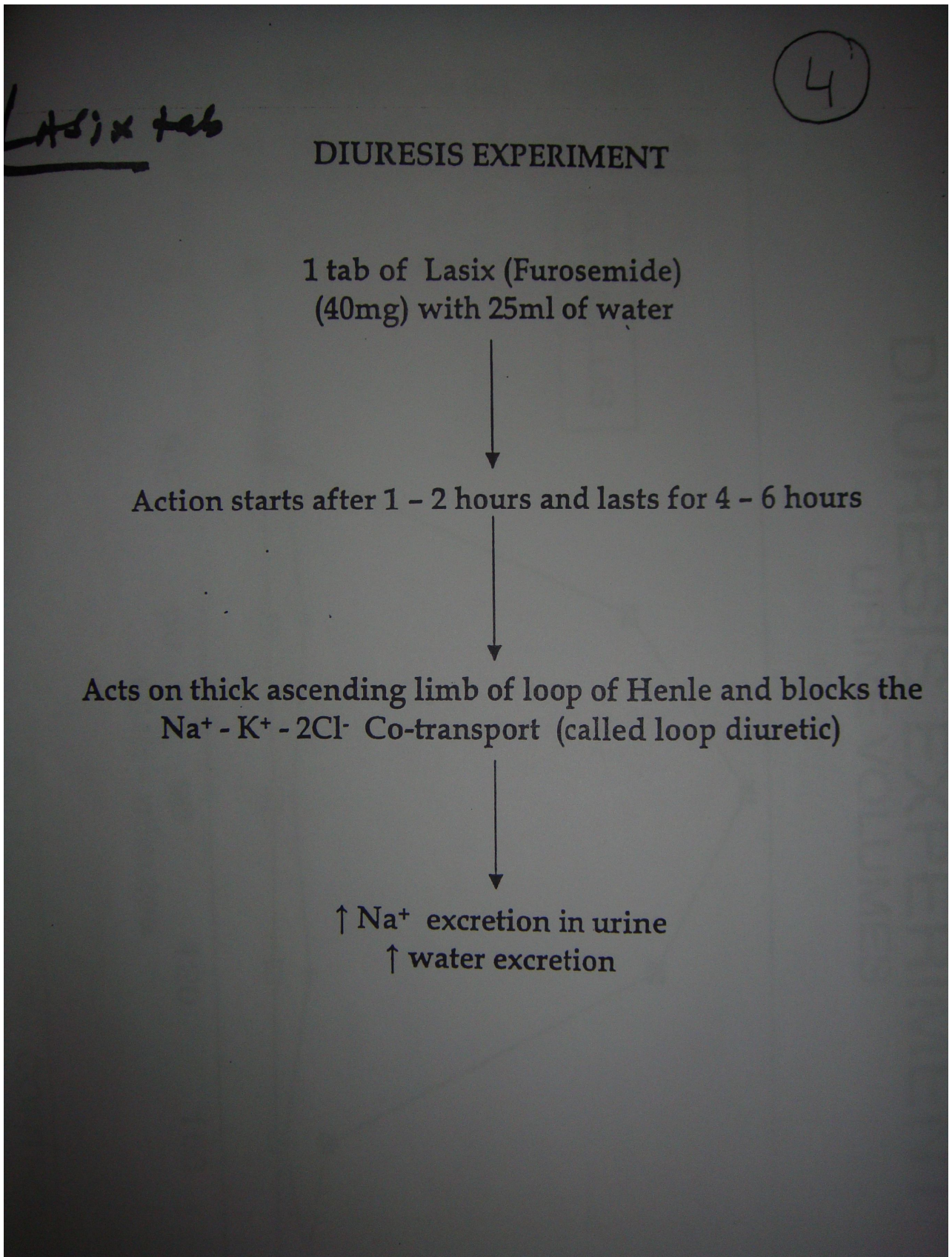
**CONTROL**



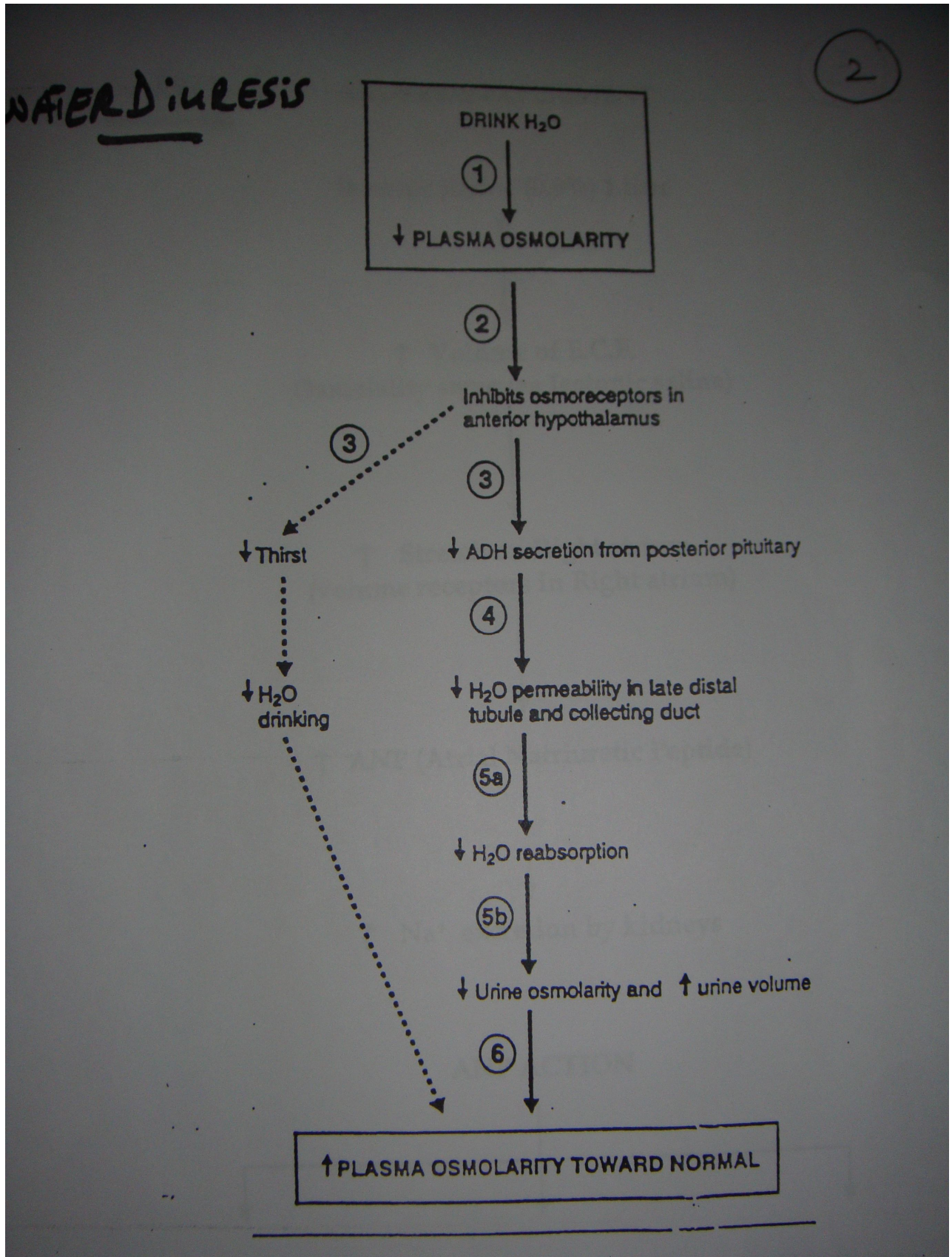
## SALINE



## LASIX



**WATER**



تابع الموضوع الثالث / Diuresis

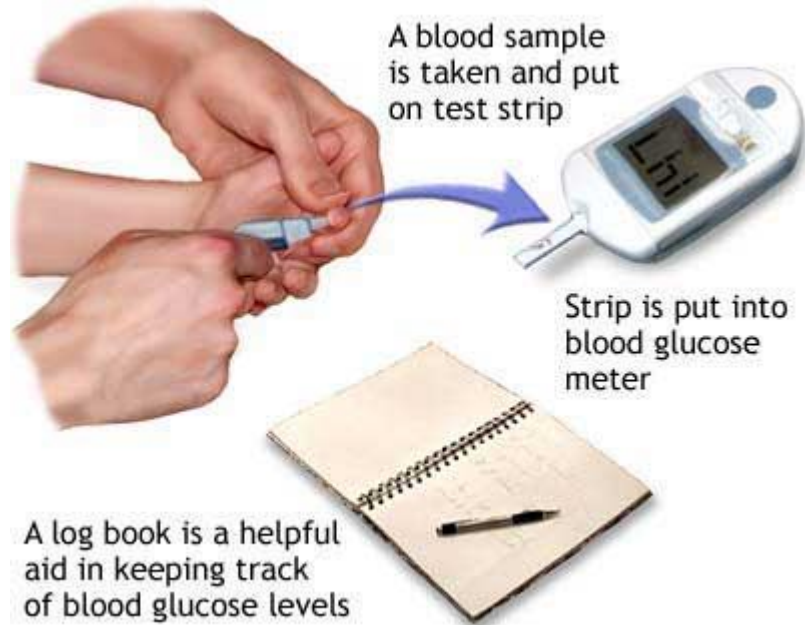
حسابات مهمة 100% بالاختبار:

1. To calculate **urine excretion rate (ml/min)** you use the following formula:  
$$\frac{\text{volume of urine (mL)}}{\text{time (min)}}$$

2. To calculate the **total sodium excretion (mmoles)** you use the following formula:  
$$\frac{\text{sodium concentration (mmol/L)} \times \text{volume of urine (mL)}}{1000}$$

3. To calculate the **sodium excretion rate ( $\mu\text{mol/min}$ )** you use the following formula:  
$$\frac{\text{sodium concentration (mmol/L)} \times \text{volume of urine (mL)}}{\text{time (min)}}$$

## / Glucose Tolerance Test GTTالموضوع الرابع



طبعاً لازم نعرف انه فيه اكثر من اختبار لقياس مستوى الجلوكوز في الدم:

**Fasting blood sugar (FBS)** measures blood glucose after you have not eaten for at least 8 hours. It often is the first test done to check for diabetes

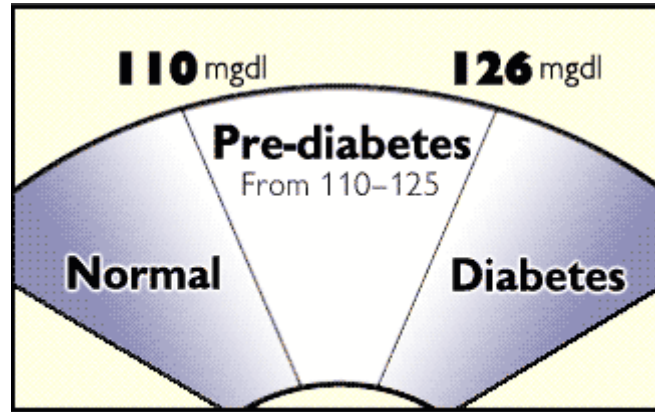
**two hour postprandial blood sugar** measures blood glucose exactly 2 hours after you eat a meal.

**Random blood sugar (RBS)** measures blood glucose regardless of when you last ate. Several random measurements may be taken throughout the day. Random testing is useful because glucose levels in healthy people do not vary widely throughout the day. Blood glucose levels that vary widely may indicate a problem. This test is also called a casual blood glucose test.

**Oral glucose tolerance test** is used to diagnose prediabetes and diabetes. An oral glucose tolerance test is a series of blood glucose measurements taken after you drink a sweet liquid that contains glucose. This test is commonly used to diagnose diabetes that occurs during pregnancy (gestational diabetes). For more information, see the medical test Gestational Diabetes. This test is not commonly used to diagnose diabetes in a person who is not pregnant

ولازم نعرف الـ Normal Range لكل نوع , **والاهم** طبعا هو الـ: **Fasting**

### Fasting blood glucose

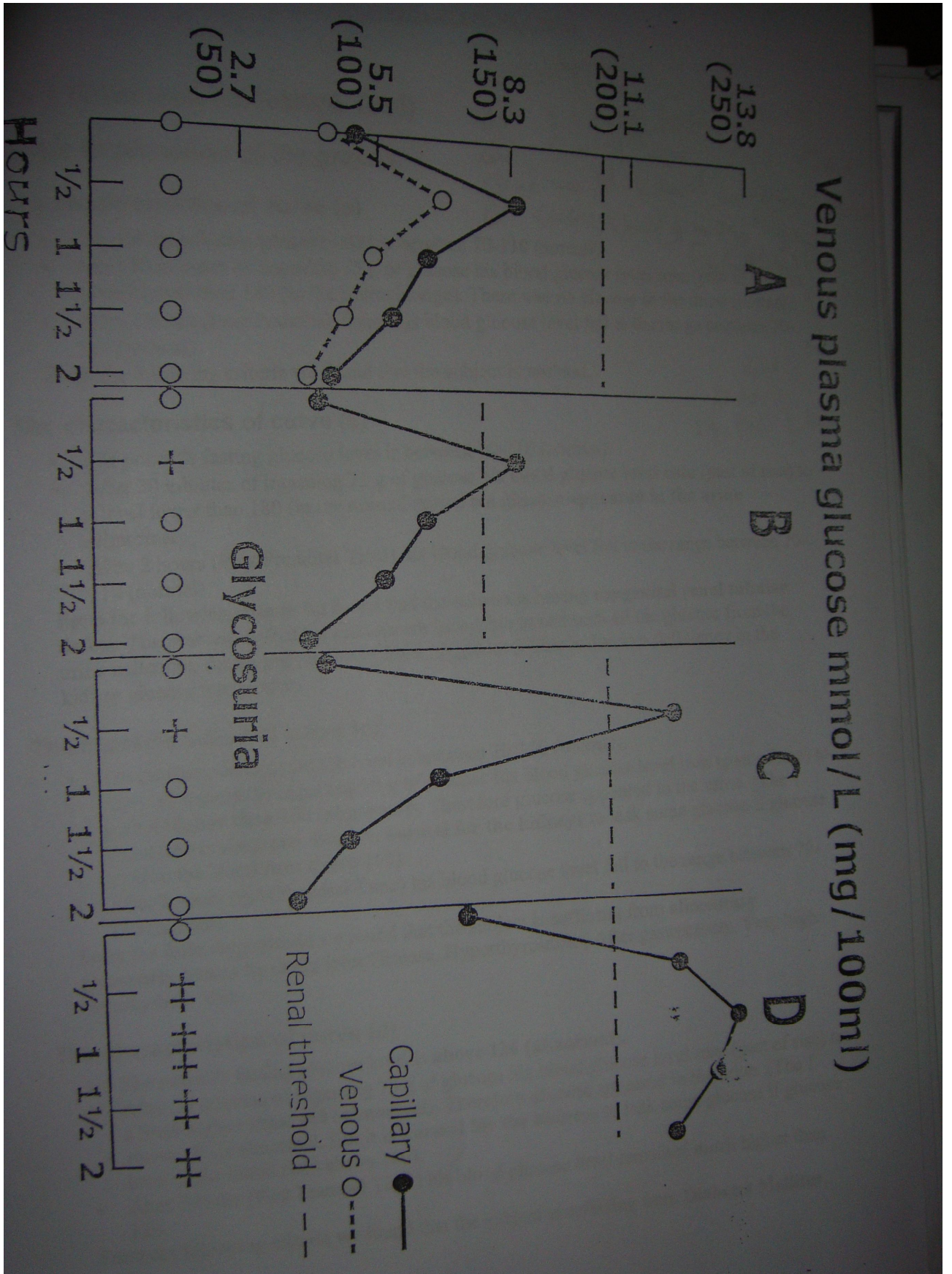


### Fasting Plasma Glucose Test

	Fasting blood sugar	PostPrandial Blood Sugar
Normal	70-110 mg/dl 3.9-6 mmol/L	$\leq 140$ mg/dL $\leq 7.8$ mg/dL
Pre-diabetic	111-125 mg/dL 6.2-6.9 mmol/L	141-179 mg/dL 7.8-9.9 mmol/L
Diabetic	$\geq 126$ mg/dL $\geq 7$ mmol/L	$\geq 180$ mg/dL $\geq 10$ mmol/L



تابع الموضوع الرابع **Glucose Tolerance Test GTT**



لازم نعرف كل الحالات الاربع لان وحدة منها او يمكن اكثر بتجي الاختبار:

### **The characteristics of curve(a)**

The patient's fasting glucose level is between 70-110 (normal).  
After 30 minutes of ingesting 75 g of glucose his blood glucose level rose (past of rise) to a level lower than 180 (in the normal range). There was no glucose in the urine (normal).

After 2 hours (Post Prandital Time) his blood glucose level fell to the range between 70-110 (normal)

From the following criteria we found that the subject is **normal**

### **The characteristics of curve(b)**

The patient's fasting glucose level is between 70-110 (normal).  
After 30 minutes of ingesting 75 g of glucose his blood glucose level rose (past of rise) to a level lower than 180 (in the normal range) but **glucose appeared in the urine** (abnormal).

After 2 hours (Post Prandital Time) his blood glucose level fell to the range between 70-110 (normal)

From the following criteria we found that the subject is having **congenital renal tubular defect**. The problem is that his kidneys are incapable to reabsorb all the glucose from the urine indicating decreased renal threshold for glucose. This is due to a deficiency in the kidney glucose transporters.

### **The characteristics of curve (c)**

The patient's fasting glucose level is between 70-110 (normal). After 30 minutes of ingesting 75 g of glucose his blood glucose level rose (past of rise) to a level **higher than 180 (abnormal)**. Therefore glucose appeared in the urine. (The  $\uparrow$  above 180 is abnormal. **But it is normal for the kidneys not to leak some glucose if** glucose level in the blood rises above 180). After 2 hours (Post Prandial Time) his blood glucose level fell to the range between 70-110 (normal)

From the following criteria we found that the subject is suffering from **alimentary glycosuria** caused by either liver Disease, Hyperthyroidism, After gastrectomy, Very high

### **The characteristics of curve (d)**

The patient's fasting glucose level is above 126 (abnormal). After 30 minutes of ingesting 75 g of glucose his blood glucose level rose (past of rise) to a level higher than 180 (abnormal). Therefore glucose appeared in the urine. (The  $\uparrow$  above 180 is abnormal. **But it is normal for the kidneys not to leak some glucose if** glucose level in the blood rises above 180). After 2 hours (Post Prandial Time) his blood glucose level remained much higher than 126.

From the following criteria we found that the subject is suffering from **Diabetes Mellitus**.

## طريقة الاختبار من مجهول 426

### Spirometry

- جيلنا تعريف

### Total lung volume

اعرفوا التعريفات كلها 😊

- فيه اشياء نقدر نقيسها بهذا الجهاز وفيه اشياء لا

### residual volume ?!

م نقدر 😊

residual volume -

To prevent lung collapse & facilitate work of breathing

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### obstructive VS restrictive-

متى نقول هذا obstructive ومتى نقول restrictive

برسمة FEV / FVC

كيف نعرف !?

خط ال restrictive يكون تحت دائما مو قادر يوصل ل 6!

خط ال obstructive يقدر يوصل ل 6 الأخير بس فرقته عن الطبيعي FEV1 بأول ثانية قليل جدا بال obstructive

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### MEF 50 ?-

if decrease obstructive

asthma - emphysema

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restrictive

مو قادر ياخذ نفس فيصير FVC & VC decrease

collapse - fibrosis

MEF 50 normal ( 4-8) L/ sec -

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- واحد شربناه موية بيزيد اخراجه للبول بعد 30 دقيقة بس كمية الصوديوم فيه ثابتة

واحد شربناه سلين ايزوتنيك زادت كمية البول بعد ساعة لساعتين وزاد الصوديوم المفرز بنسبة ضئيلة (increase ANP ) (volume receptor )

وواحد عطيناها lasix هذا شي يسبب اسهال فظيع ويمنع امتصاص الصوديوم والكلوريد والبوتاسيوم فيزيولوجيا بشكل مهول افراز البول المحتوي على ماء و صوديوم بكثرة

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متى الانسان سكره طبيعي

110 - 70 لو م كان آكل و واقل من 140 لو آكل

متى عنده s كري

160 فوق لو م كان كل

طيب فيه مرحلة نسميها impaired glucose tolerance

110 - 160

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هل لو كان مو آكل

طيب لو آكل

140 - 180

طبعا هذه المرحلة بسموها م قبل السكري يعني يكون مهدد نتيجة

pregnancy - obesity - old age - hyperlipedemia

متى يكون عند الشخص سكر

لو م كان آكل وفوق 160 عنده

لو آكل وبعد ساعتين قسناه وفوق 180 عنده

Gestational DM

7

يصير في الحوامل

اقروا المعلومات النظرية بهذا الدرس 😊