

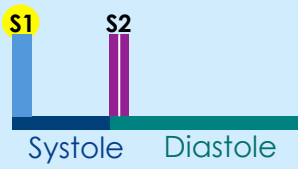
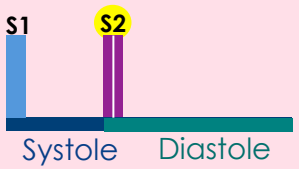
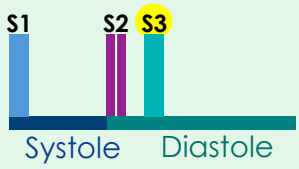
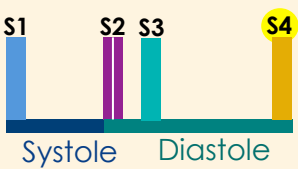


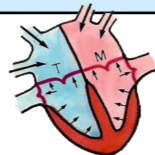
Physiology  
Team  
434



# Heart Sound and Murmurs Summary

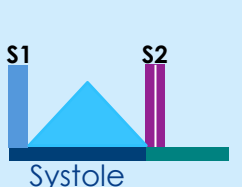
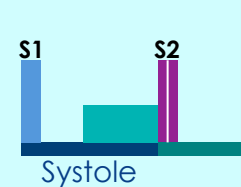
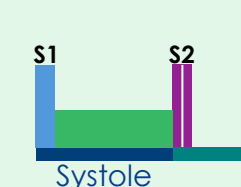
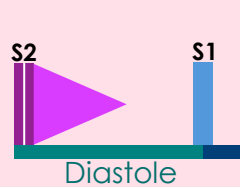
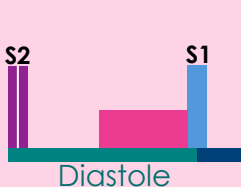
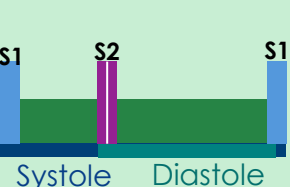
# Heart Sounds

	S1	S2	S3	S4
				
<b>Cause</b>	Closure of <b>AV valves</b>	Closure of <b>Semilunar valves</b>	Vibration of ventricular muscles during <b>rush of blood</b> in the rapid filling	Vibration produced by <b>contraction of atrial muscles</b>
<b>Characters</b>	<ul style="list-style-type: none"> <li>o Lub</li> <li>o Low pitch</li> </ul>	<ul style="list-style-type: none"> <li>o Dub</li> <li>o High pitch</li> <li>o <b>Physiological splitting</b> (inspiration)</li> </ul>	<ul style="list-style-type: none"> <li>o Not audible</li> <li>o May be heard in <b>children</b></li> </ul>	<ul style="list-style-type: none"> <li>o Not audible</li> <li>o May be heard in <b>elderly</b></li> </ul>
<b>Best Heard At</b>	<b>Mitral &amp; Tricuspid Areas</b>	<b>Aortic &amp; Pulmonic Areas</b>	<b>Mitral Area</b>	<b>Mitral Area</b>
<b>Related to cardiac cycle</b>	<b>Beginning</b> of ventricular systole = <b>Isovolumetric contraction</b>	<b>Beginning</b> of ventricular diastole = <b>Isovolumetric relaxation</b>	<b>Rapid Filling</b>	<b>Atrial Systole</b>



# Murmurs

Abnormal Heart Sounds

Systolic			Diastolic		Continuous
Mid -Ejection-	Mid-Late	Holo/Pan	Early	Mid-Late	
 <p>S1                      S2</p> <p>Systole</p>	 <p>S1                      S2</p> <p>Systole</p>	 <p>S1                      S2</p> <p>Systole</p>	 <p>S2                      S1</p> <p>Diastole</p>	 <p>S2                      S1</p> <p>Diastole</p>	 <p>S1                      S2                      S1</p> <p>Systole                      Diastole</p>
<ul style="list-style-type: none"> <li>•Crescendo-decrescendo</li> <li>•Between S1&amp;S2</li> </ul>	-	Begins with S1 & continues to S2	<ul style="list-style-type: none"> <li>•Decrescendo</li> <li>•Flow through incompetent valve</li> </ul>	Presystolic	Begins in systole & continue into diastole
Causes					
<b>Aortic/ Pulmonary Stenosis</b>	<b>Mitral Valve Prolapse</b>	<ul style="list-style-type: none"> <li>•VSD<sup>1</sup> or</li> <li>•Mitral/ Tricuspid Regurgitation</li> </ul>	<b>Aortic/ Pulmonary Regurgitation</b>	<b>Mitral/ Tricuspid Stenosis</b>	<ul style="list-style-type: none"> <li>•VSD<sup>1</sup> or</li> <li>•PDA<sup>2</sup></li> </ul>

1: Ventricular Septal Defect    2 : Patent Ductus Arteriosus