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精英医学教育解决方案

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Elsevier简介

ClinicalKey[®]Student

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ClinicalKey Student包括的经典教材 - 解剖学



格氏解剖学对于

冠状动脉的描述

冠状动脉

即22-1-222。即24.9)1期時要求卡用不利用用小空油。2014期由約4件。在建立内持线的 相关的前面。5012年10月40日、加速量、2014年10月4日。
11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年2月1日、11年3月1日、11年5月1日、

右冠状动脉距前("右冠状动脉")塞和从左后左冠状动脉("左冠状动脉")升主动脉塞出现(参见



右冠状动脉



冠状动脉造影



石园状设施建築型示石园状设施的几个分支,规写;Cn,conal设脉; PIA,后(下)案可设脉;石质加速设施; Piv,活力量分支;SA,加速型燃烧成; (BML Jacker等增生,增长用)



心外吻合术

心外的法术将各种预计动物公果与其他编辑合重量接起来,最早现合的空气能和助中动称《图 25.4.1 (2), 在标记 计标记式 动动和肉子, 前风病、动和肉油黄雪动器的其状动动和肉子, 前风病、动和肉油黄雪动器的其状动动和含不清寒在之间 之间的功治。后台也可以关气雷动脉度使他;涉及支军管动物的心外发动动和含不清寒在之间 反相处发现。则如能勤新归以点。最早见即给着最近近心也反转也在发现动动的放大分支, 并 反映频频频时变变动动的深思要是。或者要求下, 尤其是整合要和心能是经济和命。



Disurdes covery artery Lover late of left

左側外側於製中的左冠状动動造製器示左側鏡状动動的近側回線分支产生的大同曲折的监管(編先),并与支气管注册状态。保持网络方形的下针。

(经Stafas L、Assayag P、Aubry P等人同意,波林函數支气管动脉增合水体支气管运动综合征由地-2010初期 居归展型示 Eur Heart J、1990,11.275-279。)

心外通讯也存在至我动脉心房分支,并势是面质结动脉,任何这些连相作为冠状动脉闭塞的的交易 线的有效性尚未得到很好的量化。已经接通了冠状动脉纳合木和冠状动脉循环与应之间的许多 服系,产生所智行心机应要"和"动脉检查管"。包它们在现状动脉成向中的重要引引然不确定。

冠状动脉血运重建



A. 左屆於动動這個是示交項至于前面同時動作。乙,支與幼蛋后(一旦這些市場充裕於动動时),前面向动動 未經元效時的近風,臨日、AA、前面回動於 Dg、对魚分支 LC4、左股支动動。 (由約 Loskates字號士,換出版句)

冠状动脉瘘

冠状动脉境是一种异素连接,其将一个或多个冠状动脉直接连接到心室或主要胸腔血管而没有插入 的毛细血管床。

冠状动脉瘤俱少见(翻加速());用是从冠状动脉起,然后结查十公路的冠状动脉结构无扰动 脉痛,而此于静脉的建设状态物脉痛。看望可能是未无性的,也可能能以后的压血中发展,先天 性发展更累乱,在小儿冠球动脉道理和很多心态。我自己的中面就比斯能力,我们可能可能的一种 是于把害性和同,但也可能在创作性质在包生生;这些量来见的整定状动脉突起,从右冠状动脉是 心脏在前。



- 名54字女性里特心理的记录故事、A、CT图像型示出定版的记录相包设计指的正确定记录(白色是头)(第色 服売)、B、Aが正確命行ご理像型可能型面部位加速定记录(後本)、 (2時間5948 年、S. Shadana JS、Radal MA、Hridoga A、Withig VS、DeFrance A、Cunningham M、Oliveira



Sobotta Atlas of Human Anatomy





Sobotta解剖对 心脏瓣膜的描述

右房空鐘, Valva atrioventricularis dextra; 服面观。

おし祭和谷心室由三央類(Valva atrioventricularis destra)分开。它由三个尖類組成,这些尖類衝近諸素 (Chordae tondraces) 透動到三个 **和 SAI**(前、原和精緻)。通过在心室的信頼時刻、長都的主政政治,可以防 山尖鏡時間分廃。





图5.59 在兩處前型上段射心組織機和前途部位。

四个心般朦朧的投業形成十字形,从中间平面稍微向左移动。间门的投影具有较小的实际重要性,因为在颜曜区

埔可能出现的心會和心脏於會随着血流传输(結头)到最大熱中点(四冊),心脏在那里响起(听诊)。

	心脏瓣膜的投射点	心脏糖腻的听诊部位
肺动脉瘤	左(!)胸骨处,3 ^次 肋软骨	2 ^个 ICS左胸骨旁
主动脉颤	胸骨左缘第3 ^个 ICS	2 ^个 ICS右腕骨旁
二尖瓣	4 ^{个-5^次肋骨软骨离开了}	^第 5 ^个 ICS留在锁骨中线
三尖瓣	在胸骨后面, ^第 5肋软骨	^第 5 ^个 ICS右胸骨旁

ICS=肋间踱

右床空間的乳头肌, Valva atrioventricularis dextra; 背视距

石心室从環境向上打开、型示三个**机关制中的** 两个(乳头状染品)。该 **能**教(Chordae tendineae)将M papilane)開始与二規模(Valva atrioventriculars dextra)的相子尖(Cuspes開節)和屈子尖(Cuspes開節)的屈 乳头形成曲条



國5.60

使用二金细胞的开始心脑腹腔的病理变化。一个二头细形很不全。b二头细球液。[1266] 除了心脏颤颤的先生往狭窄(其被认为是心脏缺陷(vita))之外,伴随不足或狭窄的心脏颤颤的其他缺样和或变形 可以曲的如此您立即引起。

当用听诊器(听诊)听到心脏的声音时,人们会听到心脏发出的不同声音,这是心脏的作用:

•在第一心脏的声音是在收缩的由尖点阀的心室收缩和反冲开始创建。

在第二心脏声音在心脏舒张由半月瓣的关闭开始产生。

個口的合个所依然的声音很大。如果在心脏收缩期间(即在第一和第二心音之间),在尖头 實驗上方定生命者, 注意中著有本機構。因方在此的指定法例例,200 年以前,200 年3年3月 常期可以听到会音,这素明。由于相關应在填充的段打开,因此 教室。使用 半月影响了正 好 相反。终来可以是天社信如后天住的《风爱住疾病,适面信心小脑炎》。如果描题尖珊 的况上制度线。加索会研究长数时上面可能的心脏有效长时起。





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图5.56

Netter系列解剖图谱



临床说明

Sternocleidomastoid muscle

Sternohyoid muscle

Stemothyroid muscle

sthmus of thyroid gland Internal jugular vein

Common carotid artery

Rectangles on illustrations represent the position of the ultrasound transducer

超声(US)是检查甲状腺形态异常的主要成像方式。由于颈总动脉和甲状腺之间的密切关系,颈动脉超声检查常常发现未预料到的偶发性甲状腺结节。评估可疑癌症的甲状腺结节的标准程序是美国引导的细针穿刺。放射性核素扫描和放射性碘摄取测量以及血清化学测试用于评估甲状腺功能。



Ring-down echoes projected into the trachea (a common artifact of ultrasonography)

在甲状腺峡部水平的轴向美国

•大约一半的人都有甲状腺的金字塔叶,可能通过结缔组织到达舌骨。

• 在甲状腺美国扫描中偶尔会看到正常的甲状旁腺,这是甲状腺后缘的一个小的低回声结节, 但这通常不明显。甲状旁腺的数量和大小变化很大。

• 薄壁颈内静脉的形状取决于腔内压力,可能随患者的水合状态和心脏状态(右心压升高而扩 —— 张)而变化,并且可以观察到随呼吸变化。



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"第13版的盖顿和霍尔医学生理学教科书延 --畅销书作为世界上最重要的医学生 续了这-科书的悠久传统 与其他关于这 理学教 这本清晰而全面的指南具 教科书不同 鱼 并专注于与临 乍者的声音, -4043 床和临床前学生最相关的内容。详细而清晰 的文字补充了教学插图,总结了生理学和病 理生理学的关键概念。." -Doody's Review Service

通过细胞膜运输物质 Hall,John E., PhD; Guyton和Hall医学生课学校标志,第4章,47-59



E4-1 列出了 編慶亦被和 編慶內總中重要电解系和其他物系設近低浓度。注意,细胞外清合有大量 約 約, 但只會有少量的 時, 細胞内溶体均衡及出给相反。成功, 細胞内溶中的細胞内溶 胞内溶合有比少量的这些高子。包思, *偶都並和 蛋白的*的浓度 细胞内溶中的细胞内溶明显于细 肥汁液。这些是异对细胞的养命能为重要, 本量的目的是解非细胞和运输和机能如何产生是异。



扩散

1844 帶重腳的時時,這重重自分型基础成(仅显示如中時个),每个型基礎有两个時間構成。由孔环和效基型形成 明后時也过過聲,時外在這些地过過聲的理上,形式開始的各股水準再子的心点。等兩子与來基單的但当作用時 致厚兩子肥電其結合的水分子,光行限水的厚兩子衝空孔。



通过细胞膜的运输途径和运输的基本机制。



钠钾泵的假定机制。ADP,二磷酸腺苷; ATP,三磷酸腺苷; Pi,磷酸根离子。



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Doody's Score: 100, 5 Stars!

"Beautifully produced, masterfully written and edited, critically reshaped and updated for the 21st century, it remains the book of choice for most pathology professors. I see it as an American classic, but also as a modern textbook for new generations of medical students. Highly recommended." Reviewed by Ivan Damjanov, MD (University of Kansas Medical Center)

动脉粥样硬化

动脉粥样硬化

动脉粥样硬化的特征在干内膜损伤称为 动脉测得化(或 动脉测得硬化或 动脉测得硬化硬块), 其撞击在血管腔和可破裂引起突然闭塞。它是冠状动脉,脑血管疾病和外周血管疾病的发病机制的 基础,并且在西方世界导致更多的发病率和死亡率(大约一半的死亡)比任何其他疾病。动脉粥样 硬化斑块是由纤维状盖帽覆盖的软脆(粗糙)脂质核心(主要是胆固醇和胆固醇酯,坏死碎片)组 成的凸起病变(图10.7))。随着它们的扩大,动脉粥样硬化斑块可能会机械阳寒血管腔,导致狭 窄。然而,更令人担忧的是,动脉粥样硬化斑块也易干破裂,这可能导致血栓形成和血管突然闭 塞。内膜损伤的厚度也足以阻止下面的介质的灌注,其可能由于局部缺血和随后的炎症引起的ECM 的变化而减弱。这两个因素共同削弱了媒体,为动脉瘤的形成墓定了基础。



IBROUS CAP smooth muscle cells, macrophages oam cells, lymphocytes, collagen, elastin, proteoglycans, neovascularization)

NECROTIC CENTER (cell debris, cholesterol crystals, foam cells, calcium)



lipid

Endothelium

Intima

Media

 Hyperlipidemia Hypertension Smoking

 Homocysteine Hemodynamic factors

Immune reactions

• Toxins Viruses

Adventitia 1. Chronic endothelial "injury":



Response to injury

Platelet

Smooth

muscle cel

Fatty streak

Monocyte



Lymphocyte Collagen

动脉粥样硬化凝块。这些病变的关键特征是内脏增厚和脂质积聚(见图 10.7)。 Atheromatous斑块是白色到黄色的凸起病变;它们的直径范围为o.3到1.5厘米,但可以聚结形 成更大的质量。累积在溃疡斑块上的血栓呈现红褐色(图10.12)。



38款粥料硬化病态。(A)具有经度31账粥料硬化的主动脉由纤维研块组成,一个用 薪头表示。 动脉体有严重的弥漫性复杂病变,包括溃疡性斑块 (空心威头)、和上面有血栓的病变 (闭合成头)。



动脉带样硬化艇块是斑片状的,通常仅涉及任何给定动脉壁的一部分:因此,在横截面上,病 变看起来是"偏心的"(图10.13A)。动脉粥样硬化病变的局灶性可能与血管血液动力学的变变 莫测有关。局部流动扰动,例如分支点处的清漆,使血管壁的某些部分特别容易形成斑块



2. 教授詳確(V部位、冠状23歳、(A)展示纤维幅的弊体结构(F)和中央环死(主要是能活)核心 (C); 販票 (盈色)用Masson三色染色, 该明 (L) 这种偏心病变使中度狭窄, 使血管壁的一部分不受 弱,动脉介质在最先进的规块 (*最*关)下变薄, (C) 纤维幅和核心交界处的南功率视图,显示散在的炎 症细胞,钙化(*嵌*头),和新血管形成(小蕨头),

严重程度依次照低、动脉粥样硬化涉及肾下腹主动脉、冠状动脉、pop动脉、颈内动脉和 Willis环的血管。即使在同一患者中,动脉粥样硬化在腹主动脉中通常比在胸主动脉中更严 重。上肢的血管通常不受影响,肠系膜和肾动脉也是如此,除了它们的口。重要的是要注意。 在一个血管位置的动脉粥样硬化的严重程度不一定预测其在另一个血管位置的严重程度(例



动脉粥样硬化斑块的基本结构。

ClinicalKey Student包括的经典教材 - 免疫学

CELLULAR AND MOLECULAR IMMUNOLOGY Abul K. Abbas + Andrew H. Lichtman + Shir Piliai

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抗肿瘤T细胞的过继性细胞疗法

过继性细胞免疫疗法是将具有抗肿瘤反应性的培养的免疫细胞转移到携带肿瘤的宿主中。免疫细胞 来自癌症患者的血液或实体肿瘤,然后在体外以各种方式进行治疗,以扩大其数量并增强其抗肿瘤 活性,然后再输回患者体内。

嵌合抗原受体T细胞疗法

使用表达嵌合抗原受体(CAR)的T细胞的过继治疗已经证明在一些恶性血液病中是成功的,并 且这种方法正在用于其他肿瘤的试验。CAR是基因工程受体,具有肿瘤抗原特异性结合位点,由重 组免疫球蛋白(Ig)可变基因和含有TCR和共刺激受体信号域的细胞质尾部编码(图18.11))。使 用具有肿瘤抗原特异性结合位点的Ig作为识别受体的原因,即使它必须在II细胞中起作用,这是因为 这避免了TCR的MHC限制问题,因此相同的CAR构建体可以是用于任何患者。Ie结合位点附着于基 因工程细胞质尾部,其含有通常在T细胞活化中起关键作用的信号传导结构域。到目前为止,在不同 中心开发的CAR中已经使用了几种信号构建体的变体,但它们都含有TCR资且TAM基序和共刺激受 体如CD28或4-1BB(TNF受体家族成员)的细胞质单一基序。



在目前的方案中,分离专利的外周血T细胞,用抗CD3和/或抗CD28抗体刺激以扩增所有T细胞,并 用编码CAR的逆转录病毒或慢病毒载体转染。然后将扩增的表达CAR的T细胞注射回患者体内。响应 于CAR对肿瘤抗原的识别,转移的T细胞在患者中经历进一步的强烈增殖。TCR对这些T细胞(仍然 存在)的特异性与杀死肿瘤细胞的目标无关,因为所有转染的细胞都可以被结合CAR基因编码的抗 原结合位点的肿瘤抗原激活。通过直接细胞毒性和细胞因子介导的机制实现肿瘤杀伤。患有B细胞思 性肿瘤的患者,包括慢性淋巴细胞白血病和急性淋巴细胞白血病,已经用表达CAR的T细胞非常有效 地治疗,CD19是在肿瘤细胞上也表达的泛B细胞标记物。正常B细胞以及肿瘤B细胞被杀死,但是患 者可以补充合并的免疫球蛋白以弥补B细胞的缺乏。因为在成人骨髓和粘膜组织中发现的长寿抗体生 成浆细胞不表达CD19并且未被杀死,它们在用CD19特异性CAR-T细胞治疗的成年患者中继续提供 抗体介导的免疫。记忆CAR-T细胞可能在治疗的患者中持续至少数月,因此可以维持对肿瘤复发的 监测。

为了成功扩大CAR-T细胞疗法的使用,仍然需要克服一些重大障碍,

•一个问题是在将T细胞过继转移到具有高肿瘤负荷的患者后不久经常发生的危险的不良反 应。在这些患者中,由于T细胞分泌的细胞因子,在发生强烈的全身性炎症反应的同时,许多 T细胞被激活,称为细胞因子释放综合征。已经使用抗IL-6受体抗体成功治疗了一些发生该反 应的患者。其他患者因CAR-T细胞输注后因脑水肿而死亡的原因不明,中枢神经系统长期受损 的风险仍然是一个问题,尤其是脑部未完全发育的儿童。

•如果肿瘤没有完全根除,幸存的细胞可能会失去CAR靶向的抗原,并且肿瘤可能复发。这是 癌症克隆进化的另一个例子。使该问题最小化的一种方法是将两种特异于两种肿瘤抗原的CAR 引入T细胞并将这些细胞转移到患者体内。使用这种方法的试验正在进行中。

·在一些患者中,转移的CAR-T细胞似乎随着时间的推移变得无反应,并且最初控制的肿瘤再 次出现。这些患者的CAR-T细胞表达功能障碍的标志物(所谓的衰竭,见第11章)),包括高 水平的PD-1。该观察结果导致使用基因组编辑方法在转移前消除CAR-T细胞中的PD-1基因的 探索性研究。为了避免由PD-1阴性T细胞诱导的自身免疫的风险,一个想法是还从CAR-T细 胞中消除内源性TCR。这将产生仅具有引入的肿瘤特异性抗原受体及其信号传导结构域的T细 胞,并且还缺乏重要的检查点机制。

到目前为止,CAR-T细胞疗法仅成功对抗血癌,可能是因为注射的T细胞可以随时进入循环肿瘤细 胞。这种方法正在开发用于其他恶性肿瘤,例如多发性骨髓瘤,脑肿瘤和一些癌症。为了成功治疗 实体瘤,必须找到使注射的T细胞进入肿瘤组织部位的方法,到目前为止这还不可行。此外,有必要 设计对癌细胞特异的CAR-T细胞,并目不会杀死许多正常细胞。一种方法是鉴定通常仅在肿瘤细胞 上一起表达的抗原对,并使用必须识别两种抗原才能被激活的双特异性CAR-T细胞。



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阳塞性肺病 Jankowich,马修D 安德烈座利和医学的木匠的丝丝精华。 16,207-221

介绍

叠。CF, 囊性纤维化。

阳塞性肺病是一组导致呼吸困难的肺部疾病,其特征在于呼吸气流测量的呼气气流受限的阻塞模 式。这些疾病包括慢性阻塞性肺病(COPD),哮喘,囊性纤维化(CF),支气管扩张和细支气管 疾病。在某些情况下,这些疾病在临床上重叠(图16-1),除了存在呼气气流限制外,还有一些共 同的功能。这些特征可包括喘息和痰产生的症状,慢性气道中心炎症,导致气道重塑的气道结构变 化的存在,以及暂时恶化的临床状态的偶发期,称为恶化。然而,气道炎症改变和重塑的原因,位 **胃和模式,以及治疗,预后和自然病史通常显着不同,使得这些疾病的临床区别很重要。**

阻塞性肺病的分类。尽管大多数慢性阻塞性肺病(COPD)患者的气道疾病较小,但细支气管疾病与COPD并不重

COPD 的特征通常在于异常的气道炎症和响应于吸入刺激物(通常是香烟烟雾)的肺结构异常;这导

致不可逆或不完全可逆的气流限制,并且通常是随时间推移的。 哮喘通过特征性平滑肌高反应性和 可逆性气流受限,通过其可变的临床过程以及其与特应性的频繁关联而区别于COPD。这些疾病在



COPD肺气肿

,肺气肿被定义为束端细支气管远端空气间隙的永久性扩大(E-图16-1) 👩 。这是由于在没有明 显纤维化的情况下肺实质的破坏引起的。这些变化导致异常的腺泡,气体交换能力有限。基于薄的 肺部切片,肺气肿可分为小叶中心和小球(E-Fig.16-2和16-3)) 👩 。在小叶中心性肺气肿 中,小叶的近端部分(呼吸性细支气管)受到影响;这是与吸烟有关的肺气肿中观察到的最常见的线 如学转征,Panlobular肺气肿回于q 。抗脾蛋白酶种乏症



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心包囊肿是先天性囊封的囊肿,没有心包通讯,当心包的一部分在早期发育 期间被夹断时形成。心包囊肿通常是偶然的,位于右侧...

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左心室肥大。(A)由于左心室流出阻塞导致的压力肥大。左心室位于心脏四尖心房的 右下方。(B)伴有和不伴有扩张的左心室肥大,……

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itus和心脏错位

评估心尖, 主动脉弓, 左右主支气管, 胃泡, 肝和脾的位置。

。 Situs solitus - 正常。所有结构都是一致的。

2。Situs inversus - 心尖,主动脉弓和胃位于右侧;内脏器官与正常相反。先天性心脏病的 发病率略有增加。存在于50%的原发性纤毛运动障碍患者中(该组合称为Kartagener综合 征)。

。伴有右位心的坐骨神经-右心脏心尖,左侧有胃泡。胚胎心脏环旋转失败导致>90%的病例与先天性心脏病有关,通常是紫绀(校正TGA,VSD和肺动脉狭窄)。弯刀综合征是右心电图,右肺发育不全和部分异常肺静脉引流进入下腔静脉。

。**腹股沟反转的左旋** - 先天性心脏病发病率100%。

5。 Situs与双侧"右侧"模糊不清:脾脏综合征-缺乏脾脏,双侧三叶 以。心尖左,右或中线。复杂心脏异常±小肠旋转不良。

。Situs与双侧"左侧"模糊不清:多发性脾综合征-双侧双肺,缺乏 脉和半边静脉。心内异常,但不如双侧"右侧"复杂。



FIGURE 4-19 Cardiac MRI, short axis view. This is a standard view of the heart using MRI called the *short axis vie* anterior to the left ventricle (LV), separated by the interventricular sepi





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Anticologies (174) Matching results in chapter: View 63 more sections ^ Cardiovascular (174) Matching results in chapter: View 63 more sections ^ Cardiovascular (187) The heart and cardiovascular system: The cardiovascular examination OSCE Complementary Medicine (237) The heart and cardiovascular system: Palpation Critical Care (101) The heart and cardiovascular system: VP rises on inspiration Density (651) The heart and cardiovascular system: What to ask the patient with palpitations Demsetory (63) The heart and cardiovascular system: T&OC examination hint box Emergency (286) The heart and cardiovascular system: Kik factors for atherosclerotic cardiac disease The heart and cardiovascular system: Ugular venous pressure The heart and cardiovascular system: Ugular venous pressure Endocrinology and (19) The heart and cardiovascular system: Splitting (see Fig 4.14) Statistics The heart and cardiovascular system: Splitting (see Fig 4.14) The heart and cardiovascular system: Chest pain The heart and cardiovascular system: General appearance ForensicLegal (18) The heart and cardiovascular system: How to examine the patient with chest pain The bact and cardiovascular system: The legs <td< td=""><td>Anatomy</td><td>(1248)</td><td></td></td<>	Anatomy	(1248)	
Cardiovascular (1677) Cardiovascular (107) Communication (8) The heart and cardiovascular system Complementary Medicine (237) The heart and cardiovascular system: Palpation Control The heart and cardiovascular system: Palpation The heart and cardiovascular system: What to ask the patient with applications Demistry (651) Demistry (653) Demistry (654) Detistry (753) The heart and cardiovascular system: What to ask the patient with applications Demistry (754) Detistry (755) The heart and cardiovascular system: Risk factors for atherosclerotic cardiac disease The heart and cardiovascular system: Sugular venous pressure Dictionaries (226) The heart and cardiovascular system: Sugular venous pressure The heart and cardiovascular system: What to ask the patient with chest pain Metabolism The heart and cardiovascular system: Sugular venous pressure The heart and cardiovascular system: Sugular venous pressure The heart and cardiovascular system: Sugular venous pressure The heart and cardiovascular system: Sugular venous pressure <td>Anesthesia</td> <td>(114)</td> <td>pitched rumbling diastolic murmur over the mitral area). Murmurs of the heart. T</td>	Anesthesia	(114)	pitched rumbling diastolic murmur over the mitral area). Murmurs of the heart. T
Communication (8) The heart and cardiovascular system: The cardiovascular examination OSCE Complementary Medicine (27) The heart and cardiovascular system: Auscultation Control Complementary Medicine (27) The heart and cardiovascular system: Palpation Control Complementary Medicine (27) The heart and cardiovascular system: VP rises on inspiration Denistry (55) The heart and cardiovascular system: What to ask the patient with palpitations Demistogy (43) The heart and cardiovascular system: T&OC examination hint box Emergency (28) The heart and cardiovascular system: Xisk factors for atherosclerotic cardiac disease The heart and cardiovascular system: Xisk factors for subcosclerotic cardiac disease The heart and cardiovascular system: Jugular venous pressure The heart and cardiovascular system: Left ventricular failure The heart and cardiovascular system: Substitus failure for the patient with chest pain Endocrinology and (28) The heart and cardiovascular system: Substitus failure for the heart and cardiovascular system: Substitus failure for the substitus substitus Ethics (1) The heart and cardiovascular system: Substitus failure for the substitus for the patient with chest pain General My Medicine (24) The heart and cardiovascular system: Substis for the patient with chest pain <td>Biochemistry</td> <td>(121)</td> <td>Matching results in chapter: View 63 more sections</td>	Biochemistry	(121)	Matching results in chapter: View 63 more sections
Complementary Medicine C	Cardiovascular	(1677)	The heart and cardiovascular system
Content Care The heart and cardiovascular system: Palpation Content Care The heart and cardiovascular system: VP rises on inspiration Dentsty (55) Demtstogy (43) The heart and cardiovascular system: The cardiovascular system Dictionaries (22) The heart and cardiovascular system: The cardiovascular system Dictionaries (22) The heart and cardiovascular system: TeOC examination hint box Emergency (28) The heart and cardiovascular system: Ligdlar venous pressure The heart and cardiovascular system: Ugular venous pressure The heart and cardiovascular system: Splitting (see Fig 4.14) The heart and cardiovascular system: Splitting (see Fig 4.14) Statistics The heart and cardiovascular system: Alterations in intensity Pamby Medicine [24) The heart and cardiovascular system: Alterations in intensity The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Heart ance ForensicLegal (18) The heart and cardiovascular system: The legs The heart and cardiovascular system: Splitting (see Fig 4.14) The heart and cardiovascular system: Inspection General	Communication	(8)	The heart and cardiovascular system: The cardiovascular examination OSCE
Critical Care (101) The heart and cardiovascular system: JVP rises on inspiration Denisity (551) The heart and cardiovascular system: What to ask the patient with palpitations Demistory (43) The heart and cardiovascular system: The cardiovascular system Dictionaries (32) The heart and cardiovascular system: Kisk factors for atherosclerotic cardiac disease Endocrinology and (19) The heart and cardiovascular system: Left ventricular failure Epidemiology/Medical (286) The heart and cardiovascular system: What to ask the patient with chest pain The heart and cardiovascular system: Left ventricular failure The heart and cardiovascular system: Splitting (see Fig 4.14) Statistics (1) The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Chest pain Farminy Medicine [241) The heart and cardiovascular system: Chest pain ForensicLegal (18) The heart and cardiovascular system: General appearance General Nusing (23) The heart and cardiovascular system: Inspection General Nusing (24) The heart and cardiovascular system: Splitting (see Fig 4.14) General Nusing (25) The heart and cardiovascular system:	Complementary Medicine	(237)	
□ Dentistry (651) The heart and cardiovascular system: What to ask the patient with palpitations □ Dentistry (43) The heart and cardiovascular system: The cardiovascular system □ Dictionaries (32) The heart and cardiovascular system: The Cardiovascular system □ Dictionaries (32) The heart and cardiovascular system: TkoY C examination hint box □ Endocrinology and Metabolism (19) The heart and cardiovascular system: Lift rentricular failure □ Epidemiology/Medical Statistics (26) The heart and cardiovascular system: Lift rentricular failure □ Epidemiology/Medical Statistics (17) The heart and cardiovascular system: Nue to ask the patient with chest pain The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Chest pain The heart and cardiovascular system: General appearance □ ForensicLegal (18) The heart and cardiovascular system: How to examine the patient with chest pain The heart and cardiovascular system: General appearance □ General Nursing (24) The heart and cardiovascular system: Inspection □ General Nursing (24) The heart and cardiovascular system: Sproope and dizziness □ General Nursing (24) The heart and cardiovascular system: Inspection □ General Nursing (24) The heart and cardiovascular system: Sproope and dizziness	Critical Care	(101)	
International control vascular system: What to ask the patient with a papirations Dermatology (43) The heart and cardiovascular system: The cardiovascular system Dictionaries (32) The heart and cardiovascular system: Tko'C examination hint box Energency (265) Endocrinology and (19) Metabolism The heart and cardiovascular system: Usak the patient with chest pain Metabolism The heart and cardiovascular system: Usak the patient with chest pain Statistics The heart and cardiovascular system: What to ask the patient with chest pain The heart and cardiovascular system: Splitting (see Fig 4.14) The heart and cardiovascular system: Splitting (see Fig 4.14) Ethics (1) The heart and cardiovascular system: General appearance ForensicLegal (16) The heart and cardiovascular system: How to examine the patient with chest pain General Nusing (26) The heart and cardiovascular system: Splitting (see Fig 4.14) General Nusing (27) The heart and cardiovascular system: General appearance General Nusing (28) The heart and cardiovascular system: Splitting (see Sig 4.14) General Nusing (28) The heart and cardiovascular system: The legs The hear	Dentistry	(551)	
Dictioneise (2) The heart and cardiovascular system: T&OC examination hint box Emergency (26) The heart and cardiovascular system: T&OC examination hint box Emergency (26) The heart and cardiovascular system: Skk factors for atherosclerotic cardiac disease The doctrinology and (19) The heart and cardiovascular system: Left ventricular failure Epidemiology/Medical Statuses (26) The heart and cardiovascular system: Shiting (see Fig 4.14) Intersection (1) The heart and cardiovascular system: Shiting (see Fig 4.14) Intersection (1) The heart and cardiovascular system: Chest pain The heart and cardiovascular system: How to examine the patient with chest pain The heart and cardiovascular system: General appearance ForensicLegal (16) The heart and cardiovascular system: How to examine the patient with chest pain General Nusing (25) The heart and cardiovascular system: The legs The heart and cardiovascular system: Spection The heart and cardiovascular system: System: Spection General Nusing (25) The heart and cardiovascular system: Spection General Nusing (25) The heart and cardiovascular system: Spection General Nusing (26) The heart and cardiovascular system: Spection <td>Dermatology</td> <td></td> <td></td>	Dermatology		
Emergency (24) The heart and cardiovascular system: Risk factors for atherosclerotic cardiac disease Endocrinology and (19) Metabolism The heart and cardiovascular system: Left ventricular failure Epidemiology/Medical (28) Statistics (26) The heart and cardiovascular system: What to ask the patient with chest pain The heart and cardiovascular system: What to ask the patient with chest pain The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Alterations in intensity The heart and cardiovascular system: General appearance ForensicLegal (18) The heart and cardiovascular system: The legs Hepatology and Hepatology and Hepatra diovascular system: Inspection General Nursing (32) Genetics (56) View More			
Endocrinology and Metabolism The heart and cardiovascular system: Jugular venous pressure The heart and cardiovascular system: Left ventricular failure Epidemiology/Medical Statistics C40 The heart and cardiovascular system: What to ask the patient with chest pain The heart and cardiovascular system: Splitting (see Fig 4.14) Ethics The heart and cardiovascular system: Chest pain The heart and cardiovascular system: Chest pain The heart and cardiovascular system: General appearance ForensicLegal (18) He heart and cardiovascular system: The legs The heart and cardiovascular system: The legs The heart and cardiovascular system: Inspection General Nursing (22) Generics (56)			
Metabolism The heart and cardiovascular system: Left ventricular failure Epidemiology/Medical Statistics C60 The heart and cardiovascular system: Splitting (see Fig 4.14) Ethics (1) Family Medicine (241) The heart and cardiovascular system: Chest pain The heart and cardiovascular system: General appearance ForensicLegal (18) The heart and cardiovascular system: General appearance General Nursing (23) General Nursing (24) The heart and cardiovascular system: Splitting (see Fig 4.14)			The heart and cardiovascular system: Jugular venous pressure
Epicemologymetical (xe) The heart and cardiovascular system: Splitting (see Fig 4.14) Ethics (1) Family Medicine (241) Fremis/Logal (18) General Nursing (25) General Nursing (22) The heart and cardiovascular system: Inspection General Nursing (22) The heart and cardiovascular system: Syncope and dizziness General Nursing (24) Wew More (24)		(19)	The heart and cardiovascular system: Left ventricular failure
Ethics (1) The heart and cardiovascular system: Chest pain Family Medicine (241) Forensiz/Legal (18) The heart and cardiovascular system: General appearance Forensiz/Legal (18) The heart and cardiovascular system: How to examine the patient with chest pain GeneralNursing (24) GeneralNursing (24) GeneralNursing (24) Heart and cardiovascular system: Inspection The heart and cardiovascular system: Syncope and dizziness GeneralNursing (24) Wew More	Epidemiology/Medical	(26)	
Emics (1) Family Medicine (241) ForensicLegal (16) The heart and cardiovascular system: General appearance Gestroenterology and (15) Hepatology The heart and cardiovascular system: The legs General Nursing (12) General Nursing (12) General Nursing (12) General Nursing (12) Wew More View More	Statistics		
Family Medicine [241] The heart and cardiovascular system: General appearance ForensicLegal (16) The heart and cardiovascular system: How to examine the patient with chest pain Gastroenterology and Hepotology (35) The heart and cardiovascular system: The legs General Nursing (32) The heart and cardiovascular system: Syncope and dizziness General Nursing (35) Wew More	Ethics	(1)	
ForemsicLegal (16) The heart and cardiovascular system: How to examine the patient with chest pain Gestroenterology and Hepstology (35) The heart and cardiovascular system: The legs General Nursing (32) The heart and cardiovascular system: Syncope and dizziness General Nursing (35) View More	Family Medicine	(241)	
Gestroenterology and Hepstology (35) The heart and cardiovascular system: The legs Hepstology The heart and cardiovascular system: Inspection General Nursing (32) The heart and cardiovascular system: Syncope and dizziness Genetics (56) View More	Forensic/Legal	(18)	
Hepstology The heart and cardiovascular system: Inspection General Nursing (32) The heart and cardiovascular system: Syncope and dizziness Genetics (56)	Gastroenterology and	(35)	
General Nursing (32) The heart and cardiovascular system: Syncope and dizziness Genetics (56) View More			
	General Nursing	(32)	
	Genetics	(56)	View More
Henstology (9)	Hematology	(9)	



术语"开口突然"的使用意味着二尖瓣狭窄的诊断 - 如果你已做出诊断,则使用该术语 (经典体征包括在二尖瓣区域上的大声S1和低音调的舒张期低音杂音)。心脏的杂 音。的...

在章节中匹配结果: 查看63个部分 へ 心脏和心血管系统 心脏和心血管系统:心血管检查OSCE 心脏和心血管系统: 听诊 心脏和心血管系统: 触诊 心脏和心血管系统: JVP的灵感来源于此 心脏和心血管系统:心悸患者要问什么 心脏和心血管系统:心血管系统 心脏和心血管系统:T&O'C检查提示框 心脏和心血管系统:动脉粥样硬化性心脏病的危险因素 心脏和心血管系统:颈静脉压 心脏和心血管系统: 左心室衰竭 心脏和心血管系统:患者胸痛的问题 心脏和心血管系统:分裂(见图4.14) 心脏和心血管系统: 胸痛 心脏和心血管系统:强度的改变 心脏和心血管系统:一般外观 心脏和心血管系统:如何检查胸痛患者 心脏和心血管系统: 腿部 心脏和心血管系统: 检查 心脏和心血管系统: 墨厥和头晕 宣誓更多



心脏 - 内科

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Kumar和Clark的临床医学◎2017 最相关的部分:冠状动脉粥样硬化的病理生理学 来自第23章:心血管疾病

冠状动脉粥样硬化是一种复杂的炎症过程,其特征在于大,中型心外膜冠状动脉中的 内膜斑块中的脂质,巨噬细胞和平滑肌细胞的积累。血管内皮起作用……

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心脏 - 外科

ClinicalKey* Student Search Browse Learn ×Q All Types ✓ heart Filter Results 1 - 20 of 286 results Items per page 20 V Content Type Book Principles an Practice Principles and Practice of Surgery © 2018 Books (277) Most relevant section:Coronary anatomy Images (9) from Chapter 22: Cardiothoracic surgery Specialties Surgery (286) There are two coronary arteries (left and right), which have origin in the coronary Allergy and Immunology (30) sinuses: left or posterior sinus, right or anterior sinus. The left main coronary artery Anatomy (1248) passes behind the pulmonary trunk and divides into two large branches: the... Anesthesia (114) Matching results in chapter. View 11 more sections A Biochemistry (121) Cardiothoracic surgery: Cardiac trauma Cardiovascular (1677) Cardiothoracic surgery: Cardioplegia Clinical Examination (262) Cardiothoracic surgery Communication Cardiothoracic surgery: Aortic dissection (8) Cardiothoracic surgery: Pericardial effusion Complementary Medicine (237) Cardiothoracic surgery: Indications Critical Care (101) Cardiothoracic surgery: Cardiopulmonary bypass Dentistry (551) Cardiothoracic surgery: Recovery time Dermatology (43) Cardiothoracic surgery: Surgical management Dictionaries Cardiothoracic surgery: Ischaemic heart disease (32) Cardiothoracic surgery: Assessment of risk Emergency (295) Endocrinology and (19) --- Book Metabolism CLINICAL Clinical Surgery © 2012 Epidemiology/Medical (26) Most relevant section:Coronary anatomy Statistics from Chapter 17: Cardiac surgery Ethics (1) E Family Medicine (241) Forensic/Legal (18) The normal heart is supplied by a left coronary artery (LCAacrnm1) arising from the Gastroenterology and (35) sinus of the left aortic cusp, located posteriorly on the aorta, and by a right coronary Hepatology artery (RCAacrnm1) arising from the sinus of the right cusp, located anter... General Nursing (32) Matching results in chapter. View 32 more sections V Genetics (56)



→ 外科学原理与实践©2018 最相关的部分:冠状动脉解剖 来自第22章:心胸外科

有两条冠状动脉(左侧和右侧),起源于冠状窦:左侧或后侧窦,右侧或前侧窦。左 冠状动脉主干通过肺动脉干后方分为两大分支:...

在實行中已處應累: 重要另外11个部分 へ 心胸的科科:心脏外伤 心胸的科科:心脏停搏液 心胸的科科:主动脉夹层 心胸的科科:主动脉夹层 心胸的科科:适应症 心胸的科科:传复时间 心胸的科科:快复时间 心胸的科科:快到时间 心胸的科科:快到时间 心胸的科:缺血性心脏病 心胸的科科:风险评估



→ 临床外科©2012 最相关的部分:冠状动脉解剖 来自第17章:心脏外科手术

正常心脏由左冠状动脉(LCAaernm1)提供,该左冠状动脉来自位于主动脉后部的左 主动脉瓣的窦,以及由右侧尖瓣的窦形成的右冠状动脉(RCAaernm1),位于前方。

在實守中四副編集: 重叠其他32个部分 へ 心脏外科:心脏病 心脏手术:子弹伤到心脏 心脏手术:心脏和大血管的创伤 心脏手术:心肌管理



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Cell Biology, Third Edition

· 基本运营机制

Table of Contents

		COMPANY DESCRIPTION OF A COMPANY OF A
ත	Front Matter	o ^o 三种运输策略
ŝ	Copyright	₽ 载体蛋白的多样性
S	Dedication	♂线粒体载体家族
ŝ	Contributors	♂ SWEET / SemiSWEET 糖载体
ୈ	Preface	o [®] 细菌多药载体
SO SO	Acknowledgments	♂ 兴奋性神经递质载体
ୈ	Guide to Figures Featuring	ℯ APC运营商超级家族
	Specific Organisms and Specialized Cells	⊘ NhaA运营商家庭
^ල 1.	Introduction to Cells	S™FS载体蛋白
ේ 2.	Evolution of Life on Earth	の致谢
S	Section II Overview	の选读
o ^p 3.	Molecules : Structures and Dynamics	上一页 下一页
න 4.	Biophysical Principles	
ේ 5.	Macromolecular Assembly	
ේ <u>6</u> .	Research Strategies	
ේ 7.	Chromosome Organization	1
ං 8.	DNA Packaging in Chromatin	

^證 膜载体

Pollard , Thomas D. , MD; 恩萧 , 威廉C. , 博士 , FRS ; Lippincott-Schwartz , Jennifer , 博士; Johnson , Graham T. , MA , PhD , CMI ;

细胞生物学, 第15章, 253-259

Ç arriers是跨所有细胞膜(移动选择化学基板整合膜蛋白 图15.1)。载体的常见底物是离子和小的可溶性有机分子,但是一些底物是脂溶性的。传输基质的能量来自跨膜的电化学梯度。一些载体沿着浓度梯度传输底物,但是其他载体使用由泵产生的跨膜离子梯度以跨越浓度梯度的膜传输。





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细胞生物学 第三版

Pollard , Thomas D. , MD; 恩萧 , 威廉C , 博 士 , FRS; Lippincott-Schwartz , Jennifer , 博士; Johnson , Graham T. , MA , PhD , CMI

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CHAPTER 1

Introduction to Cells

Biology is based on the fundamental laws of nature embodied in chemistry and physics, but the origin and evolution of life on earth were historical events. This makes biology more like astronomy than like chemistry and physics. Neither the organization of the universe nor life as we know it had to evolve as they did. Chance played a central role. The <u>Search in Percipio</u> continuing today, the genes of all organisms have sustained chemical changes, some of which are inherited by their progeny. Many changes nave no obvious effect on the fitness of the organism, but some reduce it and others improve fitness. Over the long term, competition between individuals with random differences in their genes determines which organisms survive in various environments. Surviving variants have a selective advantage over the alternatives, but the process does not necessarily optimize each chemical life process. Thus, students could probably design simpler or more elegant mechanisms for many cellular



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of life share many molecular mechanisms, because they all descended from a **common ancestor** that lived inding organism no longer exists, but it must have used many biochemical processes similar to those that





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n individuals with random differences in their genes determines which organisms survive in various environments. Surviving variants have a selective i does not necessarily optimize each chemical life process. Thus, students could probably design simpler or more elegant mechanisms for many cellular

share many molecular mechanisms, because they all descended from a common ancestor that lived 3 to 4 billion years ago (Fig. 1.1). This founding the many biochemical processes similar to those that sustain contemporary cells.



TREE. This tree shows the common ancestor of all living things and the three main branches of life Archaea and Bacteria diverged from the common ancestor and both e that eukaryotic mitochondria and chloroplasts originated as symbiotic Bacteria.

iverged from the common ancestor into three great divisions: Bacteria, Archaea, and Eucarya (Fig. 1.1). Archaea and Bacteria were considered to be one genes for ribosomal RNAs revealed that their ancestors branched from each other early in evolution. The origin of eukaryotes, cells with a nucleus, is still a Archaea and Bacteria. One possibility is that eukaryotes originated when an Archaea engulfed a Bacterium that subsequently evolved into the blue, and red in Fig. 1.1) evolved relatively recently, hundreds of millions of years after single-celled eukaryotes appeared. Note that algae and plants are tree of life.

d are adapted to environments as extreme as deep-sea hydrothermal vents at temperatures of 113°C or pockets of water at 0°C in frozen Antarctic lakes. xtract energy from their environments. Plants, algae, and some Bacteria use photosynthesis to derive energy from sulight. Some Bacteria and Archaea s, such as hydrogen, hydrogen sulfide, or iron. Many organisms in all parts of the tree, including animals, extract energy from organic compounds.

come clearer, the underlying similarities among organisms are more impressive than their external differences. For example, all living organisms store VA) using a common genetic code, transfer genetic information from DNA to RNA to protein, employ proteins (and some RNAs) to catalyze chemical ive energy by breaking down simple sugars and lipids, use adenosine triphosphate (ATP) as their energy currency, and separate their cytoplasm from the __membranes containing pumps, carriers, and channels.











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教师

- 由于时间有限, 班级规模较大, 无法及时跟踪了解每个学生的学习进度
- 设计测试问题需要花费大量时间,同时还需要紧跟最新的临床和基础科研知识,让学生将医学知识应用于临床问题
- 需要更多的了解学生的学习情况,但没时间频繁的安排测评
- 了解学生的兴趣点和薄弱点,从而及时调整课程内容
- 中国学生大部分比较害羞,缺乏具体的个人反馈
- 留学生喜欢互动和得到反馈,但往往课程时间太少,没有充足互动时间

学生

- "不了解我和同学的学习差距在哪."
- "无法得到及时和足够的反馈"
- "希望完成的测评是可以提升临床实践知识的".
- "希望可查阅的知识就在"手边",并且信息可靠





让老师教学省时、高效

- 瞬时为学生定制作业,更早发现问题
- 40,700+问题 (7,200+基础科学 & 17,500+临床医学). USMLE (16,000+题库)
- 每个问题都有注解
- 由专业编委会撰写和审查,题库时时更新
- 即时数据,清晰了解学生薄弱环节
- 提供及时和有针对性的补救措施



提高学生的学习成效

- 学生可以按照自己的学习节奏进行自 我测评
- 可以得到针对个人的反馈,让学生了 解自己在同学中的情况
- 针对自己的薄弱环节定制测试
- 薄弱知识点链接到书中相关知识
- 临床情景式问题,让知识应用于实践

	Clin	ingl	Kovenski		
	Cir	iicai	Key [®] Student		③ Get Support
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		1. E	Content Type	Book DPRTRALMOLDET Ophthalmology Secrets in Color © 2016	Optic Neuritis Ferri's Clinical Advisor 2018
		2. (Specialties	Most relevant section: Optic Neu	
	3.	_	Allergy and Immunology 1	from Chapter 31: Optic Neuritis Abnormal MRI in a patient with multiple sclerosis. Classic periven matter lesions appear bright on T2-weighted image. What is optic	
		4. k	Clinical Examination	neuritis is any inflammation of the optic nerve. It may be idiopath w	
		5. S	 Dermatology 3 Emergency 4 	Matching results in chapter. View 1 more sections 💙	Optic neuritis is an inflammation of the optic nerve resulting in impaired visual function.
			 Endocrinology and Metabolism 2 	Book	
			Family Medicine 15 Histology 1	Andreeli and Carpenter's Cecil Essentials of Medicine © 2016 Most relevant section: Idiopathi	ic Acute Genetics >

FLSEVIER



× Create a Test







ClinicalKey[®]Student

Question 1 of 10

View Lab Values 7

A 45-year-old woman is advised to take lisinopril for her high blood pressure. Which of the following side effects is due to the effect of angiotensin-converting enzyme inhibitor on the renin-angiotensin-aldosterone system?



Your answer is incorrect



A 45-year-old woman is advised to take lisinopril for her high blood pressure. Which of

the following side effects is due to the effect of angiotensin-converting enzyme

inhibitor on the renin-angiotensin-aldosterone system?



OC Score

(i) Total Time

20%

2 min. 0 sec.

You answered 2/10 questions correctly.

Z IIIIII. V SEC. You took ~12 sec. on each question.

Focus your revision on these **11** key concepts:

Based on questions you answered incorrectly.

	Search for Content	Retake Incorrect Questions 8
1. Allosteric Regulation (1 question)	Q	Now
2. Angiotensin Converting Enzyme Inhibitor Side Effect (1 question)	Q	O In 1 week
3. Calcium Homeostasis (1 question)	Q	○ In 1 month
4. Cortisol (1 question)	Q	Retake Now 💙
5. Diagram (1 question)	Q	
6. Ion Transport (1 question)	Q	
7. Meiosis (1 question)	Q	
8. Menstrual Cycle (1 question)	Q	
9. Movement (1 question)	Q	
10. Nephron (1 question)	Q	





谢谢聆听!

