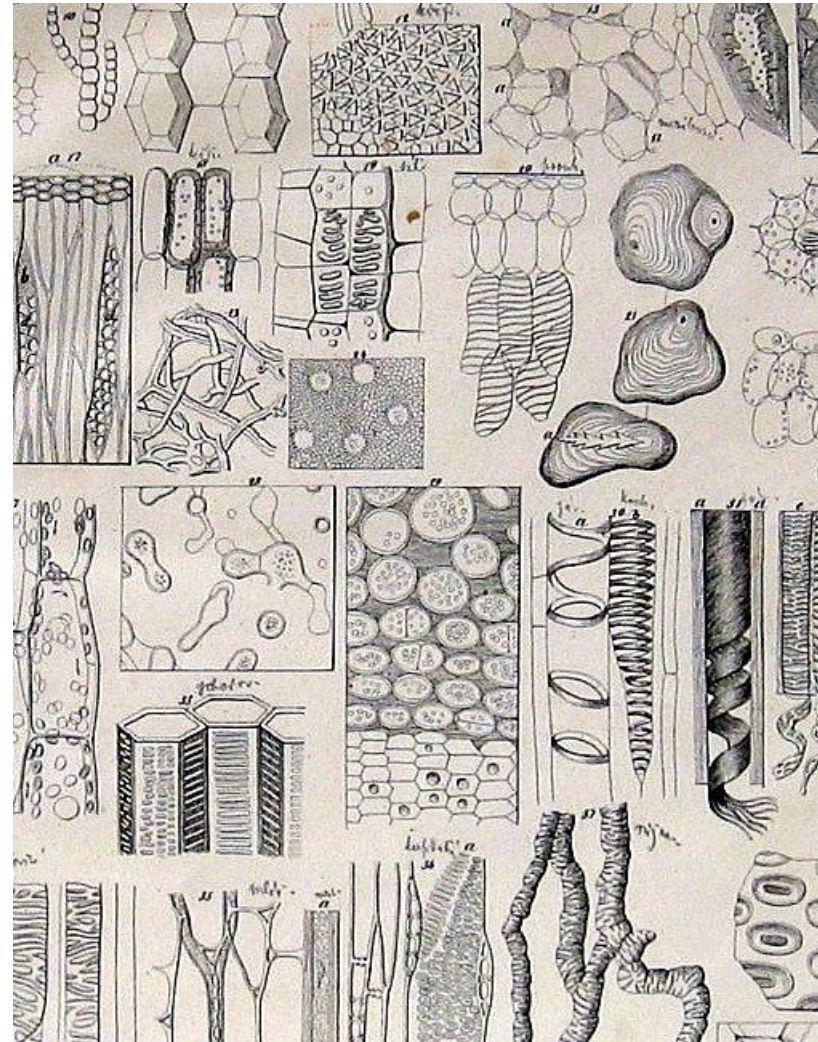


ACEM Primary Examination Vivas > Physiology > Cellular Organised by edvivas.com	
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Body Composition 2007-1

TOPIC: Body composition _____ **NUMBER:** _____

OPENING QUESTION	How is water distributed through the body compartments?	PROMPTS	COMMENTS
POINTS REQUIRED	1 TBW is 60% of body weight	How much water is in the intracellular space?	
	2 ICF 2/3 of TBW		ICF/ECF proportions needed
	3 ECF 1/3 of TBW		
	4 Interstitial ¾ of ECF		
	5 Plasma ¼ of ECF		
SECOND QUESTION	How do age and gender affect total body water?		
POINTS REQUIRED	1 Decreases with age		
	2 Higher in males		

Buffers 2007-1

TOPIC: Buffers _____ **NUMBER:** _____

OPENING QUESTION	What are the buffer systems in blood?	PROMPTS	COMMENTS
POINTS REQUIRED	1 Especially carbonic acid / bicarbonate system	What binds to H^+ in blood?	This + one other
	2 Plasma proteins (free carboxyl and amino groups)		
	3 Hb (imidazole groups of histidine residues)		
SECOND QUESTION (if needed)	Explain how carbonic acid / bicarbonate system works.		
POINTS REQUIRED	1 Draw equations		Essential
	2 Highlight importance of carbonic anhydrase (increases speed of reaction) and where carbonic anhydrase is (intracellular)		Essential
	3 Outline control by respiratory and renal systems.		

Buffers 2005-2

<p>3.4 Buffers in body fluids</p>	<p>What are the major buffers of blood?</p> <p>How do they work?</p> <p>What are the major buffers in cells.</p> <p>Describe the Henderson-Hasselbalch equation</p>	<p>Proteins, albumin; Haemoglobin; histidine residues = x6 proteins; Deoxygenated Hb better than HbO₂; Carbonic Acid-Bicarb system, fast with carbonic anhydrase; Hb deoxygenated; Hb histidine residues; proteins anions</p> <p>Hproteins = H⁺ and Protein⁻ ; H₂PO₄ = 2H⁺ and HPO₄ ⁻⁻</p> <p>pH = pK + log [A⁻] / [HA]. Most effective when [A⁻] / [HA] = 1, so pH = pK.</p>
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Cell Transport 2011-1

Question 5.1	Please outline the different ways in which a substance can cross a cell membrane	<p>Passive</p> <ul style="list-style-type: none"> • Diffusion • Facilitated diffusion <p>Active</p> <ul style="list-style-type: none"> • Endo/exocytosis • Ion channels –ligand, voltage, mechanical gated • Active transport <p>Primary and secondary</p>	3/5 methods to pass
Question 5.2	<p>Can you please explain the process of secondary active transport?</p> <p>PROMPT: Give a clinical example</p>	<p>The movement of an ion down its electrochemical gradient provides energy to transport another substance against its electrochemical gradient.</p> <p>Example – Na/glucose, Na/ aminoacids</p>	Basic concept or clinical example to pass

Cell Transport 2005-2

3.3 Transport across cell membranes	<p>Describe the mechanisms of transport across cell membranes?</p> <p>Give an example of active transport</p>	<p>Exocytosis, endocytosis, ion channels, Carrier proteins, primary and secondary active transport. Exo: ER to Golgi apparatus to granules/vesicles to cell membrane. Endo: phagocytosis, pinocytosis = liquid.</p> <p>Ion channels open, voltage gated, ligand (molecule) gated. Transport proteins for active transport (vs chemical, electrical gradient), facilitated diffusion; uniports for one substance, symports require two together (eg Na + glucose), antiports exchange one for another (eg Na for K).</p>	4/5
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Cell Transport 2003-1

TOPIC: Cell Transport _____ **NUMBER:** _____

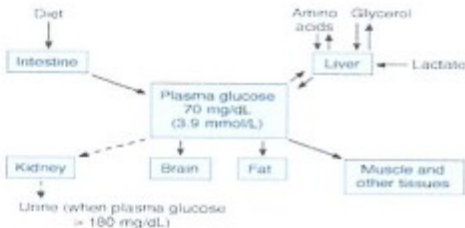
OPENING QUESTION	List some ways in which substances are transported across cell membranes.	PROMPTS	COMMENTS
POINTS REQUIRED	1. Exocytosis	1	3/5 to pass
	2. Movement across ion channels	2	
	3. Endocytosis	3	
	4. Active transport	4	
	5. Secondary active transport	5	
SECOND QUESTION (if needed)	Describe the sodium potassium pump.		
POINTS REQUIRED	1. Energy dependent (ATP to ADP)	1	2/2
	2. 3 Na ⁺ ions going out in ex-change for 2 K ⁺ going into cells via a carrier protein	2	
THIRD QUESTION (if needed)	Give an example of secondary active transport		Bonus points
POINTS REQUIRED	1. Co-transport eg: glucose with sodium, sodium with amino acids	1	
	2. Counter-transport system: eg. Sodium counter-transport with calcium and hydrogen ions	2	

Cyclic AMP 2003-1

TOPIC: Cyclic AMP _____ **NUMBER:** _____

OPENING QUESTION	Describe the synthesis and metabolism of cAMP	PROMPTS	COMMENTS
POINTS REQUIRED	1. Formed inside the membrane	1	2/3 to pass
	2. ATP is converted to cAMP via adenylyl cyclase	2	
	3. Metabolised by phospho-diesterase	3	
SECOND QUESTION (if needed)	Discuss the function of cAMP.		
POINTS REQUIRED	1. Intracellular second messenger	1	
	2. Stimulate protein synthesis	2	
	3. Activate an intracellular enzyme system in the neurone	3	
	4	4	

Glucose level 2009-2

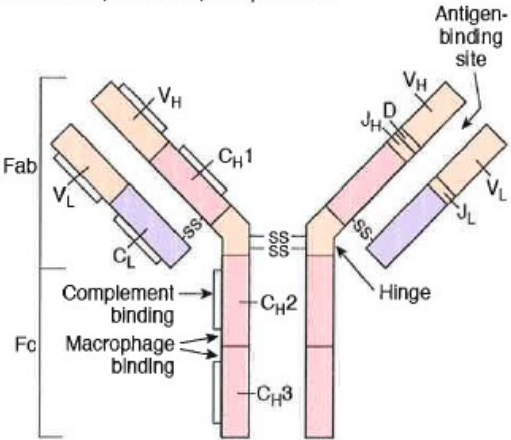
Question			COMMENTS
<p>4a:</p> <p>Score:</p>	<p>What are the major factors determining the plasma glucose level?</p> <p>PROMPTS</p> <p>If discussing hormones XS- how does glucose enter and leave the plasma</p>	<p>1) Concept: Balance between glucose entering the bloodstream and glucose leaving the bloodstream.</p> <p>2. Dietary intake</p> <p>3. Cellular uptake (partic muscle/fat/ hepatic)</p> <p>4. Hepatic glucostat / glycogenesis, glycogenolysis, gluconeogenesis</p> <p>5. Renal freely filtered but PT reabsorbed to T_{max}</p> <p>6) Hormonal effects on these (partic 1, 3,4)</p>	<p>3 for a pass + concept</p> <p>Complex hormonal effects not required</p> 
<p>4b :</p>	<p>List the hormones which effect plasma glucose levels?</p> <p>Prompt- which way does gluc move</p>	<p>↓BSL - Insulin (I), Ins like GF 1 and 2- (NSILA)</p> <p>↑BSL Catecholamines (Nor / Epi partic) (>), Glucagon (>), GH>, Cortisol>, Thyroid</p> <p>Pass requires 3 hormones + correct < or ></p>	<p>Insulin via glucose uptake (all tissues), glycogenogenesis, Liver - gluc to fat, - IGF- similar but much <</p> <p>Catechol -β receptor > cAMP- glycogenolysis/ gluconeogenesis</p> <p>Glucagon- cAMP direct- as catech</p> <p>TFTs- > absorption + ↑glycogenolysis (liver partic) + ins bkdwn↑</p> <p>Cortisol- permissive to Glucagon/Catechols + some glucogenesis, prot to gluc liver- < uptake</p> <p>GH- > gluc liver, insulin block, <tissue upotake</p>

Glucose level 2007-1

TOPIC: Carbohydrate metabolism _____ **NUMBER:** _____

OPENING QUESTION	What factors control blood glucose levels?	PROMPTS	COMMENTS
POINTS REQUIRED	1 Dietary intake		
	2 Rate of entry into cells		
	3 Glucostatic activity of the liver (storage of glycogen, breakdown of glycogen, gluconeogenesis)		
SECOND QUESTION	What are the potential pathways for glucose metabolism in the body?		
POINTS REQUIRED	1 Aerobic		
	2 Anaerobic		
	3 Glycogen		
	4 Pentoses		

Immunoglobulin 2012-2

<p>Question 5 Immunoglobulins</p> <p>LOA: 2</p>	<p>1. What are the types of immunoglobulins and what is the clinical significance of each?</p> <p>2. Draw a typical immunoglobulin molecule and label the parts. <i>Prompt: Indicating the Variable region on their diagram; what is the significance of this region?</i></p> <p>BONUS</p> <p>3. What are the features of innate and acquired immunity?</p>	<p>1. Five Types A = Secretory D = Antigen recognition by B cells E = Anaphylaxis; release of histamine from basophils & mast cells G = Complement Activation; infections M = Complement Activation; infections, first produced</p>  <p>Innate immunity</p> <ul style="list-style-type: none"> • triggered by cellular receptors (eg TLRs = "Toll-like Receptors") • bind molecular sequences common on MOs (not in eukaryotic cells) • activate defence mechanisms (interferons, phagocytosis, production of antibacterial peptides, complement activation, proteolytic cascades) • important in early response to infection <p>Acquired immunity</p> <ul style="list-style-type: none"> • T lymphocytes <ul style="list-style-type: none"> ◦ Cell-bound receptors related to antibody molecules ◦ APCs (Antigen Presenting Cells), MHC (Major Histocompatibility Complex) & HLAs (Human Leukocyte Antigens) ◦ encounter cognate antigen ◦ T cells proliferate & produce cytokines ◦ orchestrate immune response, including • B lymphocytes <ul style="list-style-type: none"> ◦ form clones to produce Abs • Memory cells <ul style="list-style-type: none"> ◦ small numbers of lymphocytes persist ◦ second exposure to same Ag provokes prompt & magnified immune attack 	<p>1. 3 of 5 to pass</p> <p>2. Bold to pass Light Chain Heavy Chain Fab = Antigen Binding Fc = Effector Portion Hinge V = Variable Region</p>
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Intercellular Communication 2005-2

1.3 Principles of intercellular communication	<p>How do cells communicate one to the other?</p> <p>How do receptors respond to variations in messengers?</p> <p><i>How do messengers act?</i></p>	<p>Cell to cell via gap junctions. Chemical messengers in ECF: neural (neurotransmitters at synapses), endocrine (hormones and growth factors), paracrine (products of cells diffuse to neighbours). Autocrine = cell secretes messenger that acts on itself. Same chemical can function in several ways. Juxtacrine = molecules attached to membrane that attaches to another cell.</p> <p>Receptors change with physiological variations: messenger in excess -> decrease receptors (down regulation, internalisation, desensitisation); deficient messenger -> increase receptors (up regulation). Exception is Angiotensin II in adrenal cortex.</p> <p><i>Via ion channels (ACh, nicotinic, noradrenalin.); transcription of mRNAs (steroids, thyroid hormone.); activation of phospholipase C (angiotensin II, noradrenalin, vasopressin); production of cAMP (noradrenalin); production of cGMP; increased activity tyrosine kinase (insulin); increased activity serine or threonine kinase (TGF, MAPK).</i></p>	3/5
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Ketones 2011-1

Question 5	<p>5.1 Please name the principal Ketone bodies.</p> <p>5.2 How are the Ketone bodies produced and how are they metabolised?</p> <p>5.3 In which clinical situations do they accumulate in the body?</p> <p>What are the physiological and clinical consequences of excess ketones?</p>	<p>Acetoacetate, β hydroxybutyrate, Acetone</p> <p>Substrate – Fatty acids, AcetylCoA</p> <p>Site – mitochondria - Liver / Other tissues</p> <p>Mechanism – β oxidation of fatty acids and entry of AcetylCoA into CAC</p> <p>High energy yield process.</p> <p>AcetylCoA units condense to form AcetoacetylCoA.</p> <p>Liver – AcetoacetylCoA \longrightarrow Acetoacetate \longrightarrow β hydroxybutyrate and acetone which is excreted in the urine and the breath</p> <p>Tissues – SuccinylCoA \longrightarrow Acetoacetate \longrightarrow CO₂ and H₂O via CAC</p> <p>Ketosis – metabolic acidosis (Diabetes, Starvation, high fat low carbohydrate diet)</p>	<p>2 out of 3 to pass</p> <p>Fatty acids AcetylCoA</p> <p>Diabetes Starvation</p> <p>(Bonus)</p>
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Na K Pump 2008-2

OPENING QUESTION	Describe the structure and function of the sodium potassium ATP ase pump	COMMENTS
POINTS REQUIRED	<p>1.</p> <p>Antiport: catalyses hydrolysis of ATP to ADP to move 3 Na out cell in exchange for 2 K in.</p> <p>Maintains electrochemical gradient ECF (Electrogenic pump 3+ out / 2+ in = net 1+ out) and is large part of basal energy consumption - 33% energy use by cells (70% neurons)</p> <p>Coupled to transport other substances (secondary active transport) e.g. glucose in SI mucosa,</p>	Need 3 / 5 (1 or 2, 3, 4 or 5)
	<p>2. α and β subunits which pass through cell membrane</p> <p>Both heterogeneous</p> <p>α subunit intracellular binding sites for Na & ATP</p> <p>α subunit extracellular binding sites for K & ouabain</p> <p>β subunit has no binding sites Na / K</p> <p>Variable distribution of α 1 + 2 and β 1+2 subunits</p>	
	<p>3. When Na binds to α subunit, ATP also binds. ATP is converted to ADP causing change in protein configuration extruding Na out of cell.</p> <p>K then binds extracellularly dephosphorylating α subunit which returns to original configuration releasing K into cytoplasm</p>	
PROMPTS	<p>Describe the structure of the sodium potassium pump</p> <p>Describe how the sodium potassium pump works</p> <p>What are the effects of the sodium potassium pump ?</p>	

Osmolality 2012-1

Question 4	<p>4.1 What is normal serum osmolality?</p> <p>4.2 What substances contribute to serum osmolality?</p> <p>4.3 How does plasma differ in composition to intracellular fluid?</p>	<p>~ 290mOsmol/L</p> <p>Principally (all but 20mOsmols) the ions (Na, K, Cl, HCO₃). Rest is other cations & anions, urea, glucose. Much less so proteins (due to high MW). Possibly alcohols or mannitol.</p> <p><i>Intracellular</i></p> <p>K⁺ and proteins high, many more 'miscellaneous' phosphates</p> <p>Na⁺, Cl⁻ & HCO₃ low, (Figure 1-1 page 3)</p>	<p>Within the range 280-300</p> <p>Na⁺, Cl⁻ and one other</p> <p>Na, K, protein differences</p>
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Osmosis & Tonicity 2011-1

<p>2.4 Protein synthesis</p>	<p>What are the phases of protein synthesis</p> <p>Describe the process of secretion of proteins from cells</p>	<p>Transcription of mRNA; post transcriptional modification of mRNA; translation of mRNA to AA chain along a ribosome using tRNA; post translational modification of the protein in endoplasmic reticulum by hydroxylation, carboxylation, glycosylation, phosphorylation, cleavage and folding.</p> <p>Polypeptide sequences are cleaved off, eg prohormones to hormones. Some proteins have leader sequences that target endoplasmic reticulum and are secreted by exocytosis. Others are secreted from cytoplasm via ATP dependent membrane transporters.</p>	
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Protein Synthesis 2005-2

<p>2.4 Protein synthesis</p>	<p>What are the phases of protein synthesis</p> <p>Describe the process of secretion of proteins from cells</p>	<p>Transcription of mRNA; post transcriptional modification of mRNA; translation of mRNA to AA chain along a ribosome using tRNA; post translational modification of the protein in endoplasmic reticulum by hydroxylation, carboxylation, glycosylation, phosphorylation, cleavage and folding.</p> <p>Polypeptide sequences are cleaved off, eg prohormones to hormones. Some proteins have leader sequences that target endoplasmic reticulum and are secreted by exocytosis. Others are secreted from cytoplasm via ATP dependent membrane transporters.</p>	
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