

# **Animal Disease Model and in Vivo Function Analysis (for Beginners)**

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# Animal Models of Heart failure

Species and technique	Selected references	Comments
<b>Rat</b>	1028 <sup>a</sup>	
Coronary ligation	[44,49,59,60]	Clinical characteristics similar to human CHF; survival studies
Aortic banding	[62–64]	Studies of transition from hypertrophy to failure; survival studies
Salt-sensitive hypertension	[66,67]	Studies of transition from hypertrophy to failure
Spontaneous hypertension	[68–71]	Extracellular matrix changes; apoptosis; studies of transition from hypertrophy to failure
SH–HF/Mcc-facp	[72–76]	Altered NOS expression; altered calcium triggered calcium release
Aorto-caval fistula	[184,185]	Left ventricular hypertrophy; moderate LV dysfunction
Toxic cardiomyopathy	[186–189]	Decreased myocardial performance; myocyte loss with chronic ethanol application. Cardiomyopathy following catecholamine infusion or associated with <i>Diabetes mellitus</i>
<b>Dog</b>	148 <sup>a</sup>	
Pacing tachycardia	[79–89,100–106]	Studies of remodeling and neurohumoral activation; studies on molecular mechanism of subcellular dysfunction; no hypertrophy
Coronary artery ligation	[111–115]	Studies on progression of heart failure; high mortality and arrhythmias
Direct-current shock	[115]	Studies of neurohumoral mechanisms
Volume overload -aorto-caval fistula -mitral regurgitation	[116–120]	Studies of neurohumoral mechanisms and therapeutic interventions
Vena caval constriction	[189]	Low cardiac output failure
Toxic cardiomyopathy	[190]	Left ventricular dysfunction
Genetic	[98]	Spontaneous cardiomyopathy in Doberman Pinscher dogs
<b>Pig</b>	43 <sup>a</sup>	
Pacing tachycardia	[107–110]	Comparable with dog model for most aspects
Coronary artery ligation	[191]	Congestive heart failure; altered myocardial energetics

<b>Rabbit</b>	43 <sup>a</sup>	
Volume and pressure overload	[122–126]	Myocardial alterations similar to failing human myocardium
Pacing tachycardia	[127–131,192]	Myocardial alteration similar to failing human myocardium
Toxic cardiomyopathy	[132]	Studies of functional consequences of altered ryanodine receptors
<b>Guinea pig</b>	31 <sup>a</sup>	
Aortic banding	[134,135,193]	Myocardial function and alteration of calcium handling similar to human heart failure
<b>Syrian hamster</b>	10 <sup>a</sup>	
Genetic	[136–147]	Hypertrophy and failure; alterations critically dependent on strain and age
<b>Cat</b>	11 <sup>a</sup>	
Pulmonary artery constriction	[194,195]	Transition from compensated right ventricular hypertrophy to failure
<b>Turkey</b>	9 <sup>a</sup>	
Toxic cardiomyopathy	[196]	Alteration of calcium handling and myocardial energetics
<b>Bovine</b>	25 <sup>a</sup>	
Genetic	[197]	Similar to human heart failure regarding changes in $\beta$ -adrenergic system
<b>Sheep</b>	17 <sup>a</sup>	
Pacing tachycardia	[198,199]	Similar to dog and swine model of pacing tachycardia
Aortic constriction	[200]	Transition from compensated hypertrophy to left ventricular dysfunction

<sup>a</sup> Total number of references in this species (failure and animal species) 1993–1997.

Cardiovascular Research 39 (1998) 60–76

## Animal Models of Atherosclerosis

### Atherosclerosis

1. Endothelial denudation model
2. Stent implantation model (mouse, rat, pig)
3. Transgenic mice

# Today

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## **1. Myocardial infarction**

(Rat and Mouse: Coronary artery ligation model)

## **2. Pressure over-load induced LV Hypertrophy**

(Transverse aortic constriction model : TAC)

## **3. Restenosis**

(Carotid artery balloon injury model)

# Anesthesia (Rat and Mouse)

Barbiturate  
 Rompun (Xylazine HCL) :  
 23.3mg/mL  
 Ketamine : 50mg/1ml  
 Zoletil 50 (Tiletamine 125mg,  
 Zolazepam 125mg/5ml)



표 19-1. 마우스 : 선별된 마취제와 진정제 용량<sup>a</sup>

Drug	Dose	Route	Duration
<b>Tranquilizers</b>			
Acepromazine	2–5 mg/kg	SC, IP	? min
Diazepam	5 mg/kg	IP	? min
Midazolam	5 mg/kg	IP	? min
<b>Anesthetics</b>			
Barbiturates			
Thiopental	25–50 mg/kg	IV	10 min
Methohexital	8–16 mg/kg	IV	2–5 min
Pentobarbital	30–50 mg/kg	IP	20–40 min
Dissociative agents and combinations			
Ketamine + acepromazine	100 mg/kg 5 mg/kg	IP	20–30 min
Ketamine + medetomidine	75 mg/kg 1 mg/kg	IP	20–30 min
Ketamine + xylazine	80–100 mg/kg 10 mg/kg	IP	20–30 min
Neuroleptanesthetics			
Fentanyl-fluanisone + (Hypnorm) midazolam	10.0 ml/kg <sup>b</sup>	IP	30–40 min
Inhalant agents			
CO <sub>2</sub> /O <sub>2</sub>	70–80%/20–30%	Inhalant	
Halothane	1–4%, to effect	Inhalant	
Isoflurane	1–4%, to effect	Inhalant	
Other agents			
Alphaxolone-alphadolone	10–15 mg/kg	IV	5–10 min
Propofol	12–26 mg/kg	IV	5–10 min
Tribromoethanol	240 mg/kg	IP	15–45 min
<b>Analgesics</b>			
Buprenorphine	0.05–0.1 mg/kg	SC	8 hr
Butorphanol	1–5 mg/kg	SC	4 hr
Morphine	2.5 mg/kg	SC	2–4 hr
Acetaminophen	200 mg/kg	PO	? hr
<b>Miscellaneous</b>			
Atropine	0.04 mg/kg	SC	? min

<sup>a</sup>Doses adapted with modifications from Wixson and Smiler (1997a) and Flecknell (1996a).

<sup>b</sup>See Flecknell (1996a) for mixing instructions.

표 19-2. 래트:약물 용량<sup>a</sup>

Drug	Dose	Route	Duration
<b>Tranquilizers</b>			
Acepromazine	2–5 mg/kg	SC, IP	? min
Diazepam	5–15 mg/kg	SC	? min
Midazolam	5 mg/kg	IP	? min
<b>Anesthetics</b>			
Barbiturates			
Thiopental	20–40 mg/kg	IV	5–10 min
Methohexital	10–15 mg/kg	IV	5–10 min
Pentobarbital	40–60 mg/kg	IP	20–60 min
EMTU (inactin)	80–100 mg/kg	IP	60–240 min
Dissociative agents and combinations			
Ketamine +	75 mg/kg	IP	20–30 min
acepromazine	2.5 mg/kg		
Ketamine +	75 mg/kg	IP	20–30 min
medetomidine	0.5 mg/kg		
Ketamine +	40–75 mg/kg	IP	20–40 min
xylazine	5–10 mg/kg		
Neuroleptanesthetics			
Fentanyl-fluanisone + (Hypnorm) midazolam	2.7 ml/kg <sup>b</sup>	IP	30–40 min
Inhalant agents			
CO <sub>2</sub> /O <sub>2</sub>	70–80%/20–30%	Inhalant	
Halothane	1–4%, to effect	Inhalant	
Isoflurane	1–4%, to effect	Inhalant	
Other agents			
α-Chloralose	55–65 mg/kg	IP	8–10 hr
Alphaxolone-alphadolone	10–15 mg/kg	IV	5–10 min
Chloral hydrate	300–450 mg/kg	IP	60–120 min
Propofol	7.5–10 mg/kg	IV	5–10 min
Urethane	1000–1500 mg/kg	IP	8–24 hr
<b>Analgesics</b>			
Buprenorphine	0.01–0.05 mg/kg	SC	8–12 hr
Butorphanol	2 mg/kg	SC	4 hr
Carprofen	5 mg/kg	SC	? hr
Ketoprofen	5 mg/kg	SC	? hr
Morphine	2.5 mg/kg	SC	2–4 hr
<b>Miscellaneous</b>			
Atropine	0.04 mg/kg	SC	? min
Atipamezole	0.1–1 mg/kg, varies with α <sub>2</sub> dose	IP, SC	

<sup>a</sup>Doses adapted with modifications from Wixson and Smiler (1997a) and Flecknell (1996a).

<sup>b</sup>See Flecknell (1996a) for mixing instructions.

# Today

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## **1. Myocardial infarction**

(Rat and Mouse: Coronary artery constriction)

## **2. Pressure over-load induced LV Hypertrophy**

(Transverse aortic constriction model : TAC)

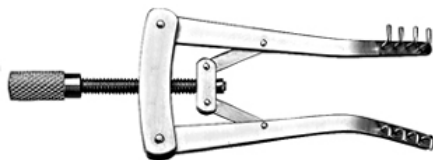
## **3. Restenosis**

(Carotid artery balloon injury model)

# Rat or Mouse Myocardial Infarction (MI)

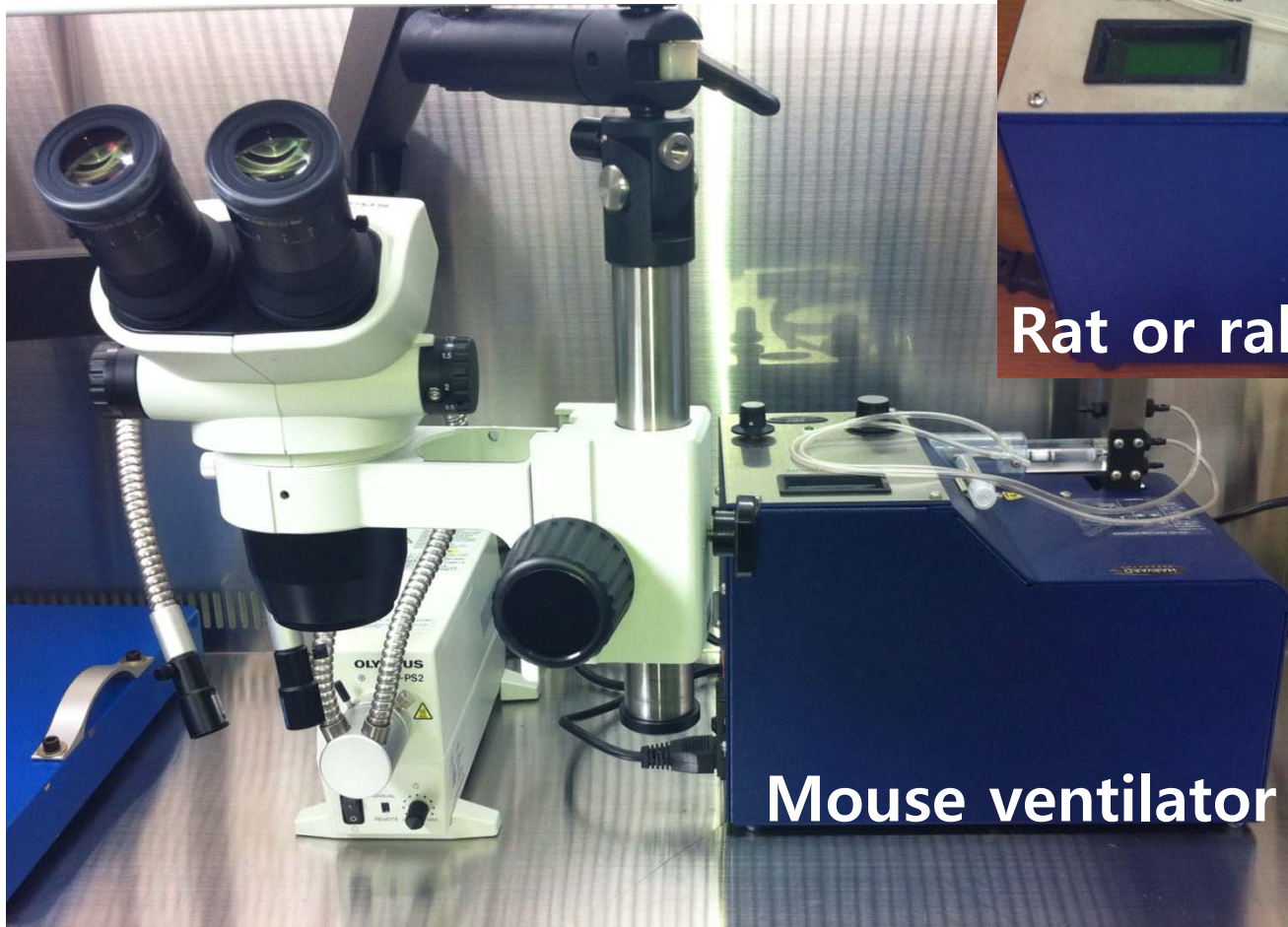
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1. Adson tissue forcep or forcep
2. Mosquito forcep
3. Metzenbaum scissors and straight scissor
4. Needle holder
5. Micro needle holder
6. Retractor
7. 5-0 silk (needle shape: taper )





# Rat or Mouse Myocardial Infarction (MI)



Microscopy  
Light source

Mouse ventilator

# Rat or Mouse Myocardial Infarction (MI)

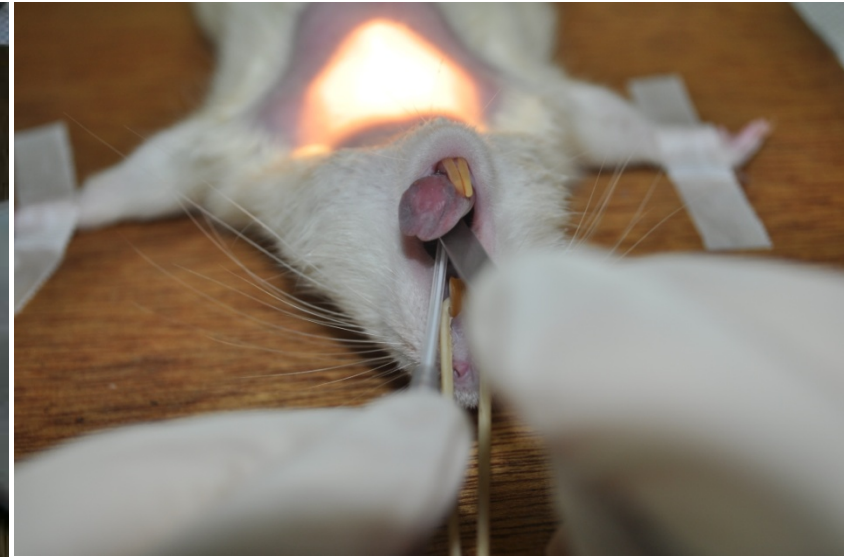
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# Rat or Mouse Myocardial Infarction (MI)

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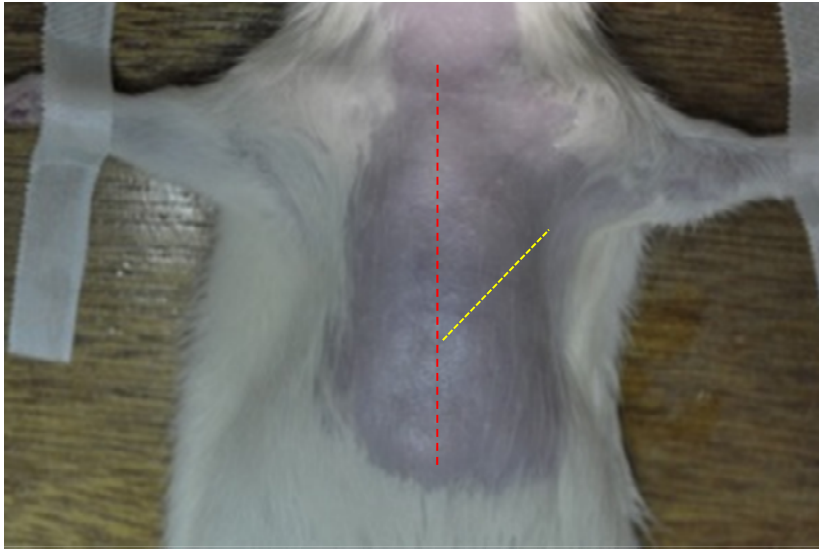
-기관 절개술 (Tracheostomy), 기관 삽입 (Endotracheal Intubation)



# Rat or Mouse Myocardial Infarction (MI)

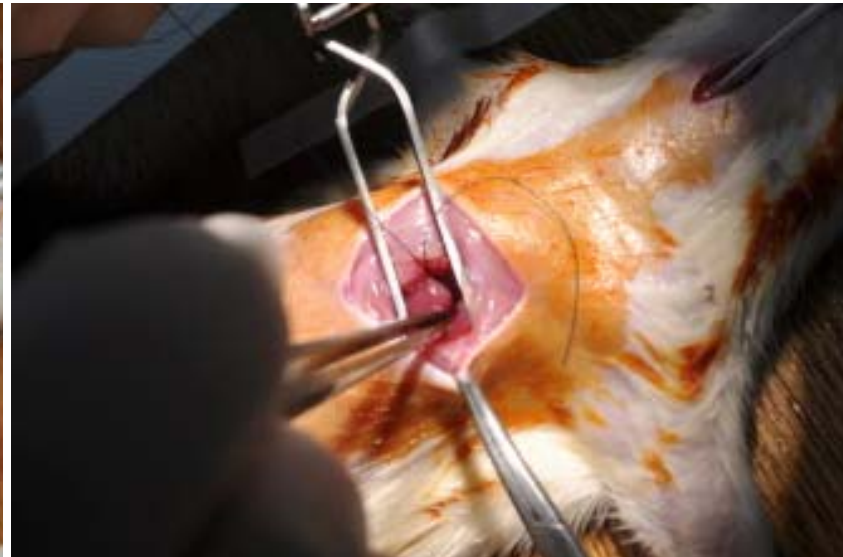
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## -Thoracotomy



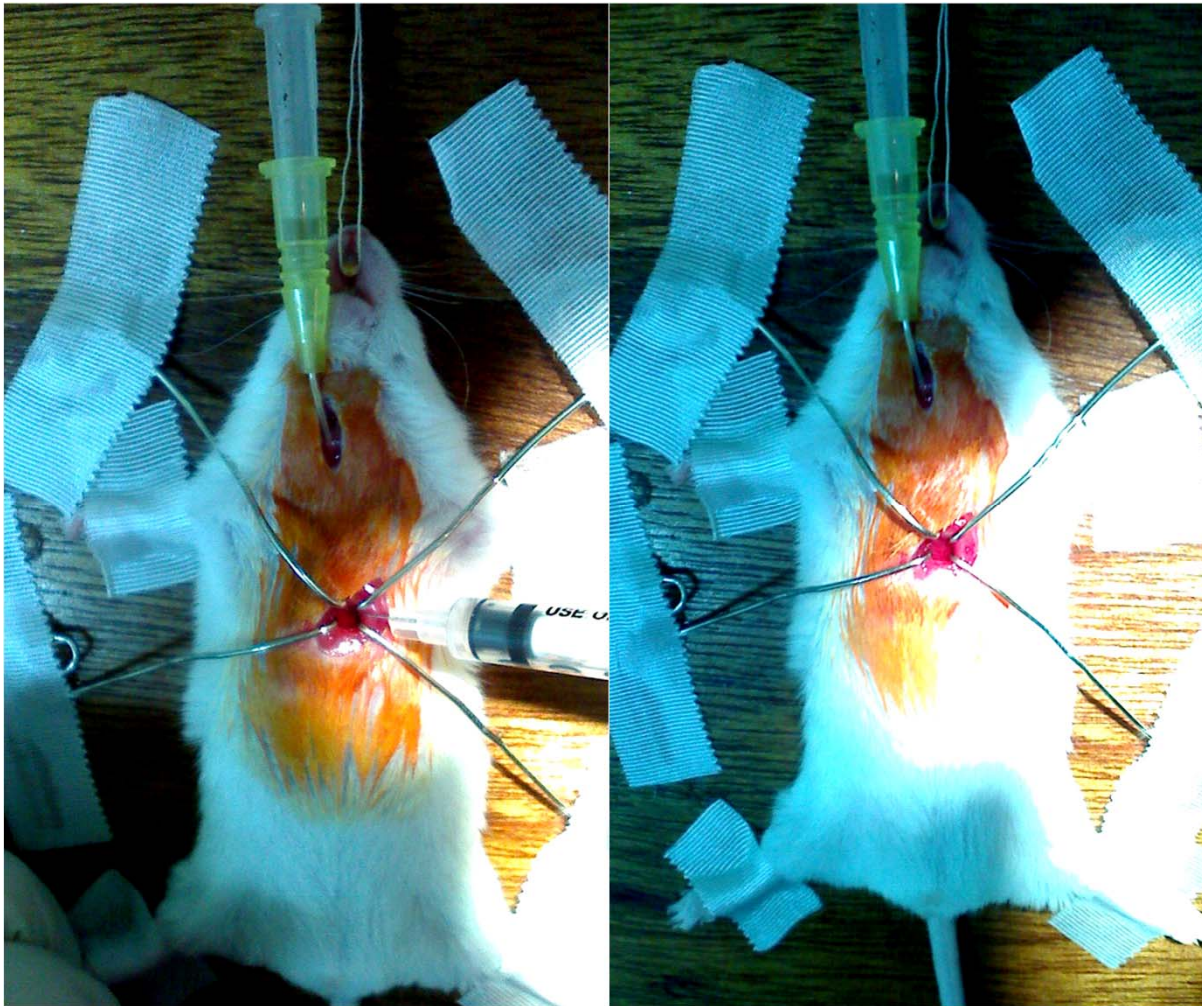
# Rat or Mouse Myocardial Infarction (MI)

## -Thoracotomy



# Mouse Myocardial Infarction (MI)

## -Thoracotomy



20-24G IV catheter  
7-0, 8-0 Silk  
Micro needle holder

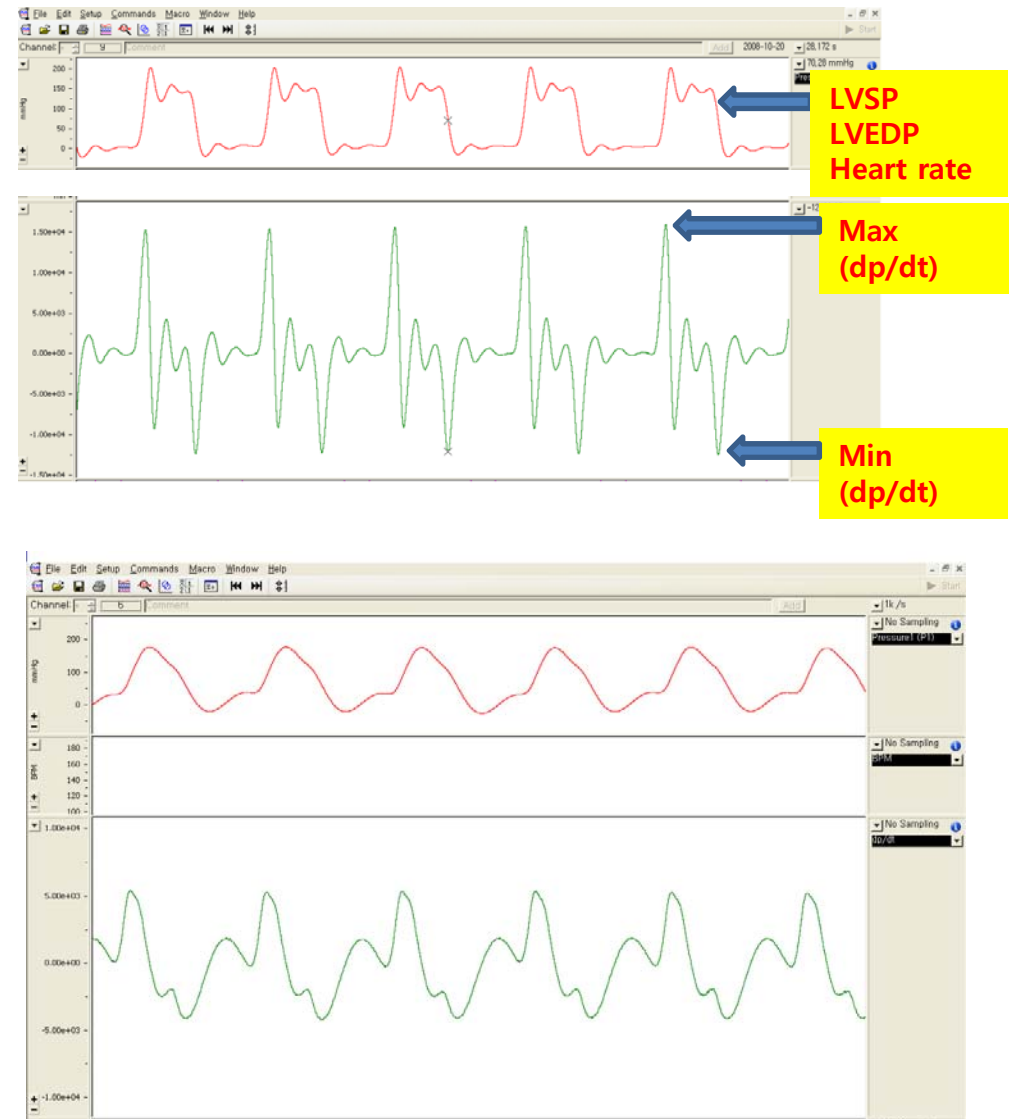


# Function analysis : Echo and Millar system

## Echocardiography



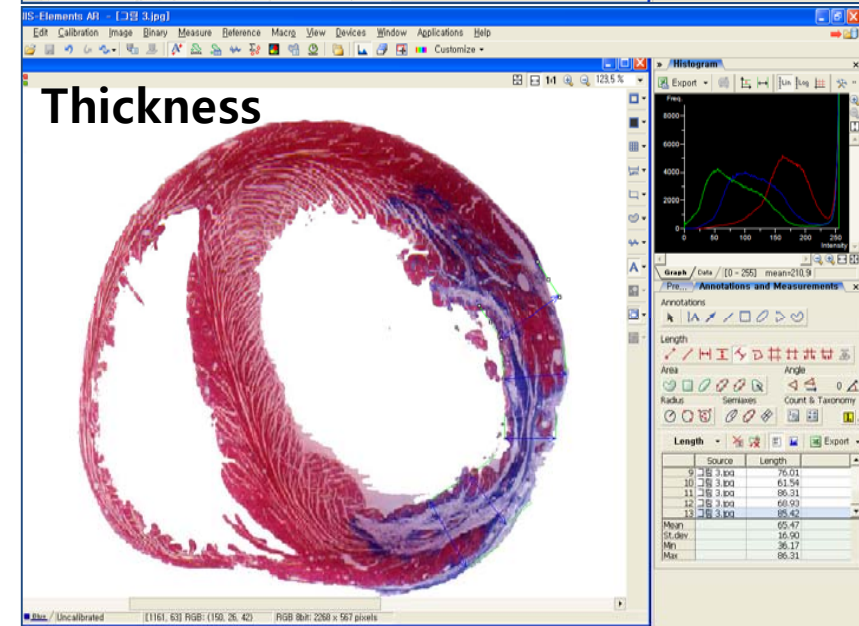
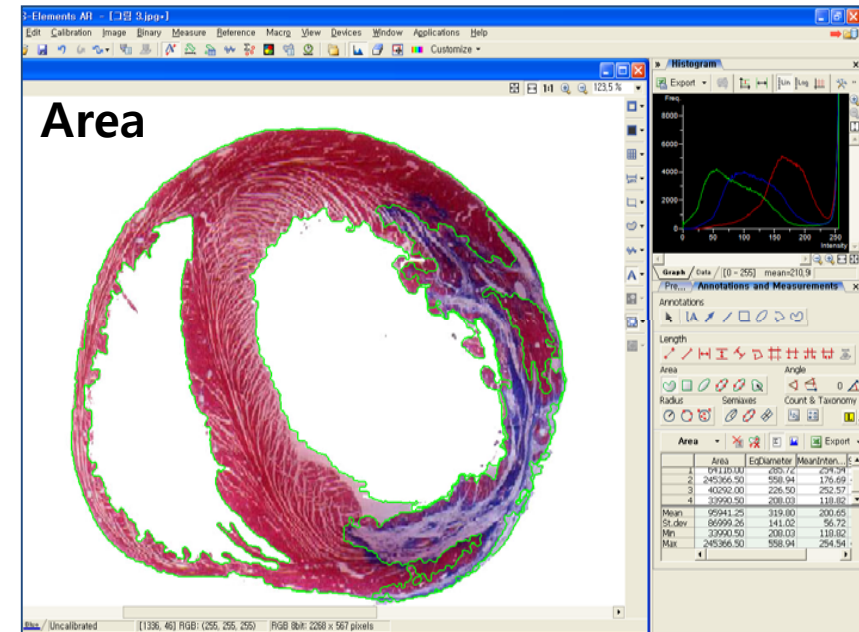
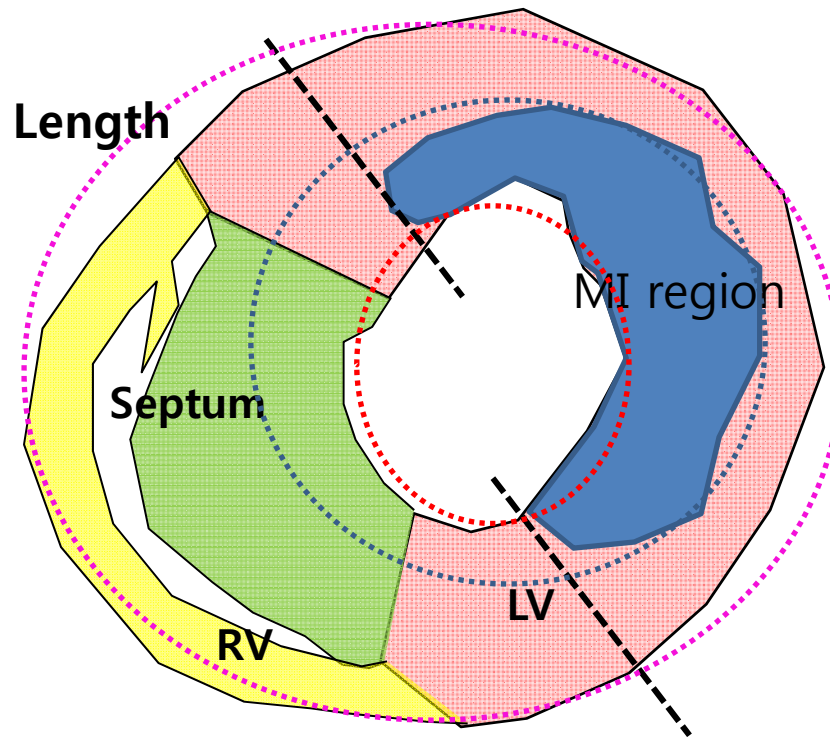
## Hemodynamic factor



# Histomorphometric analysis

## 1. MI region evaluation

- Area and Area ratio
- Thickness
- Length and Length ratio





# Today

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## 1. Myocardial infarction

(Rat and Mouse: Coronary artery ligation model)

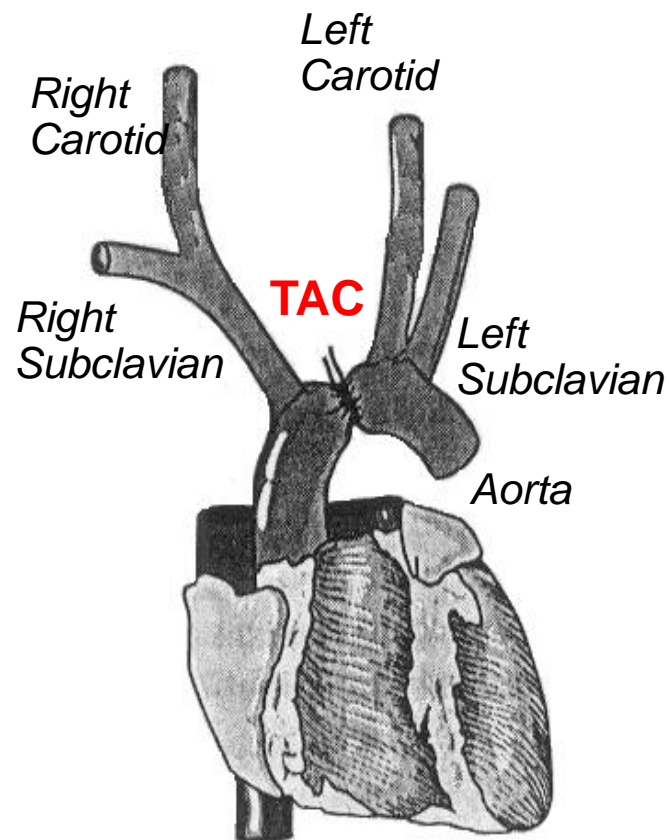
## 2. Pressure over-load induced LV Hypertrophy

(Transverse aortic constriction model : TAC)

## 3. Restenosis

(Carotid artery balloon injury model)

# Transverse Aortic Constriction (TAC)



## Surgical Methods

- Anesthesia : ketamine/xylazine
- Artificial ventilation
- TAC with 7-0 nylon tying over 26G bunt needle or untying
- Pneumothorax reduction

## Changes by TAC

- Pressure gradient : 30-40mmHg
- Increase in HW (35%)
- Increase in ANF mRNA
- Increase in  $\beta$ -MHC
- Decrease in SERCA

# Transverse Aortic Constriction (TAC)

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1. Adson tissue forceps
2. Mosquito forceps
3. Scissor
4. Retractor
5. Needle holders
6. 4-0 or 5-0 silk)
7. Micro forceps
8. Modified needle



# Rat or Mouse Myocardial Infarction (MI)

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-기관 절개술 (Tracheostomy), 기관 삽입 (Endotracheal Intubation)

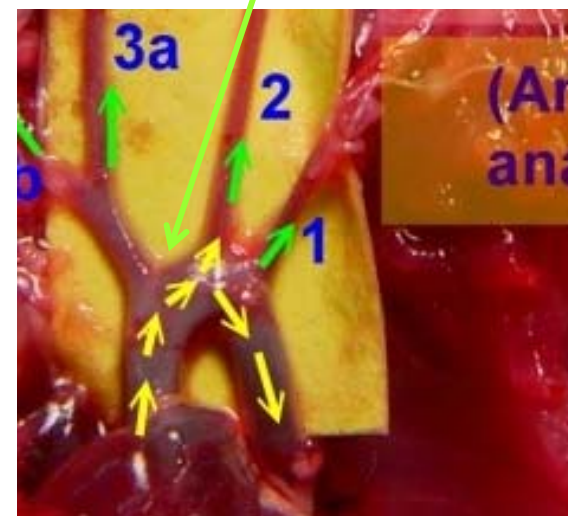
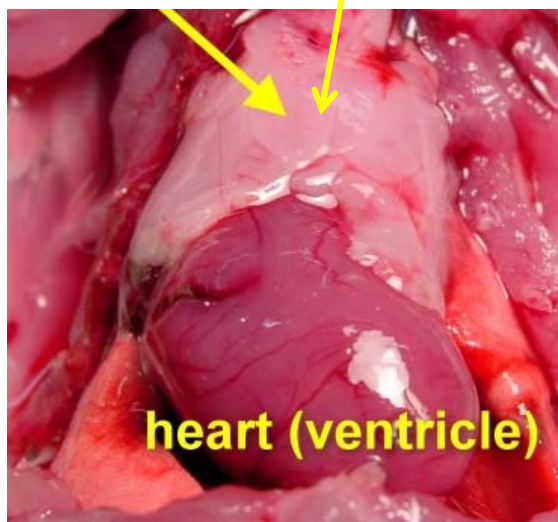
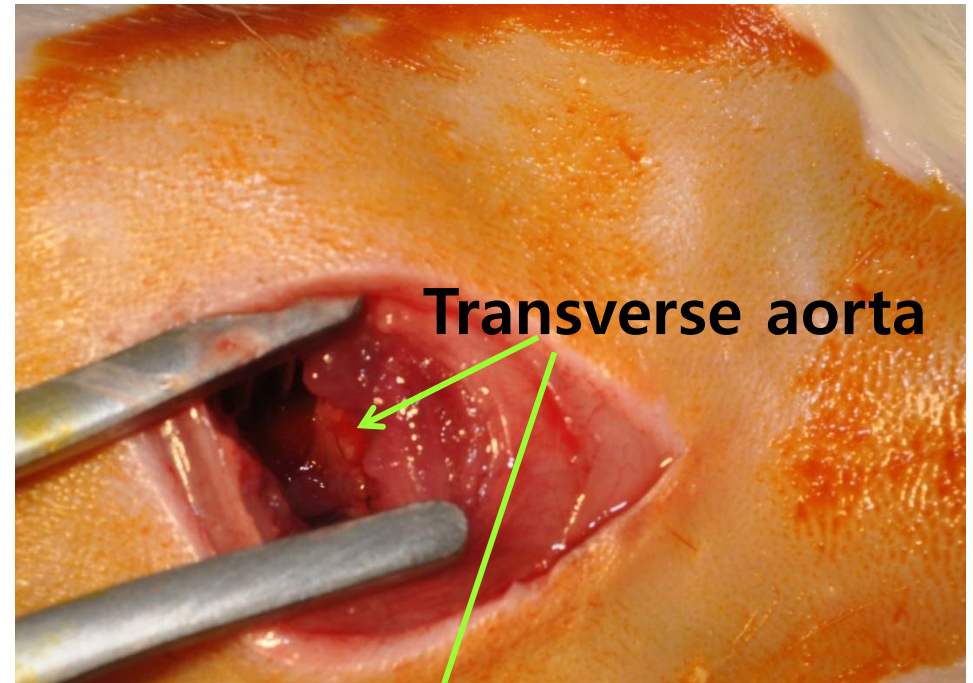
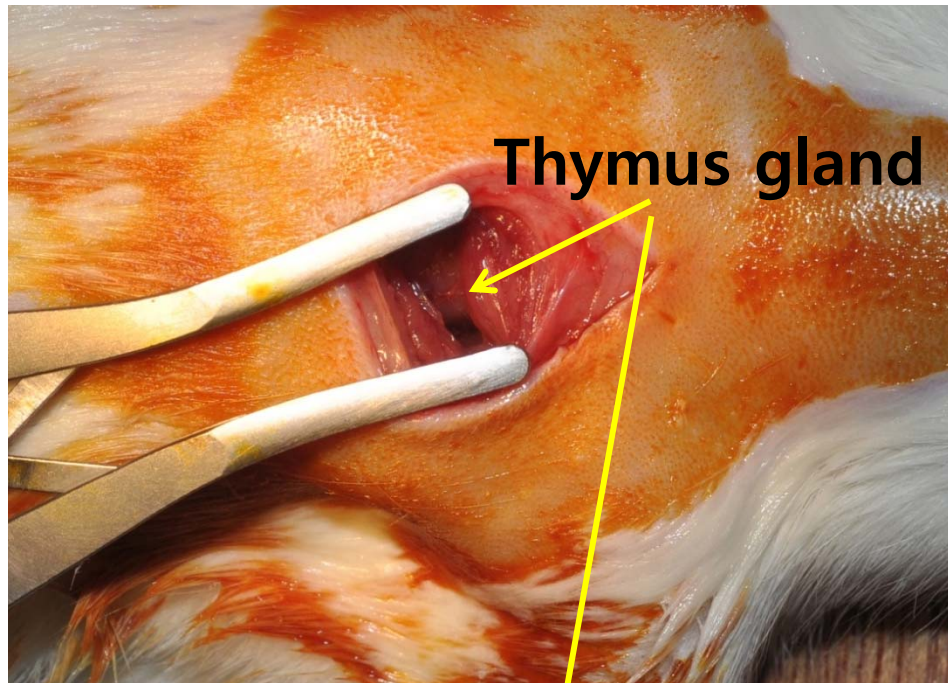


# Pressure-Overload Induced LV Hypertrophy by Transverse Aortic Constriction (TAC)

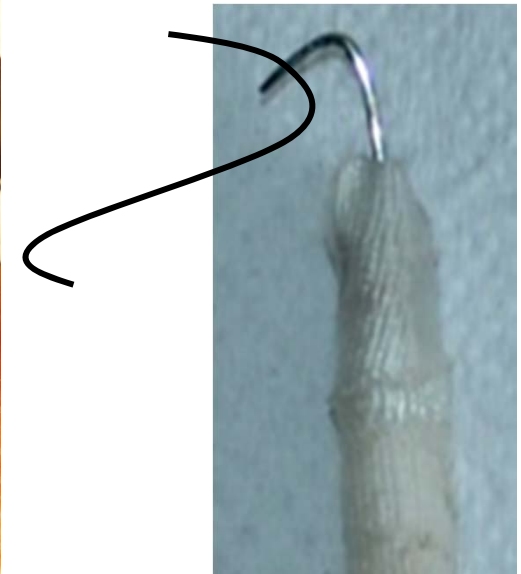
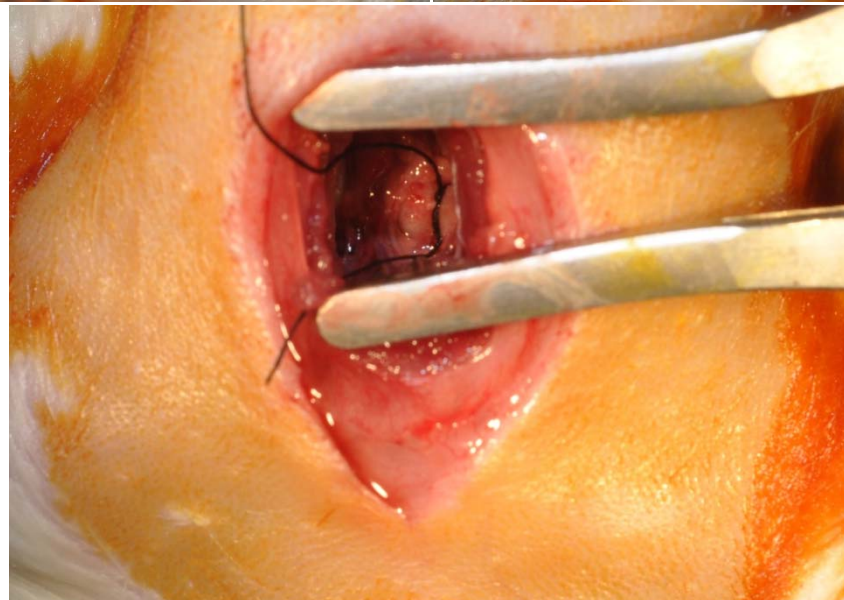
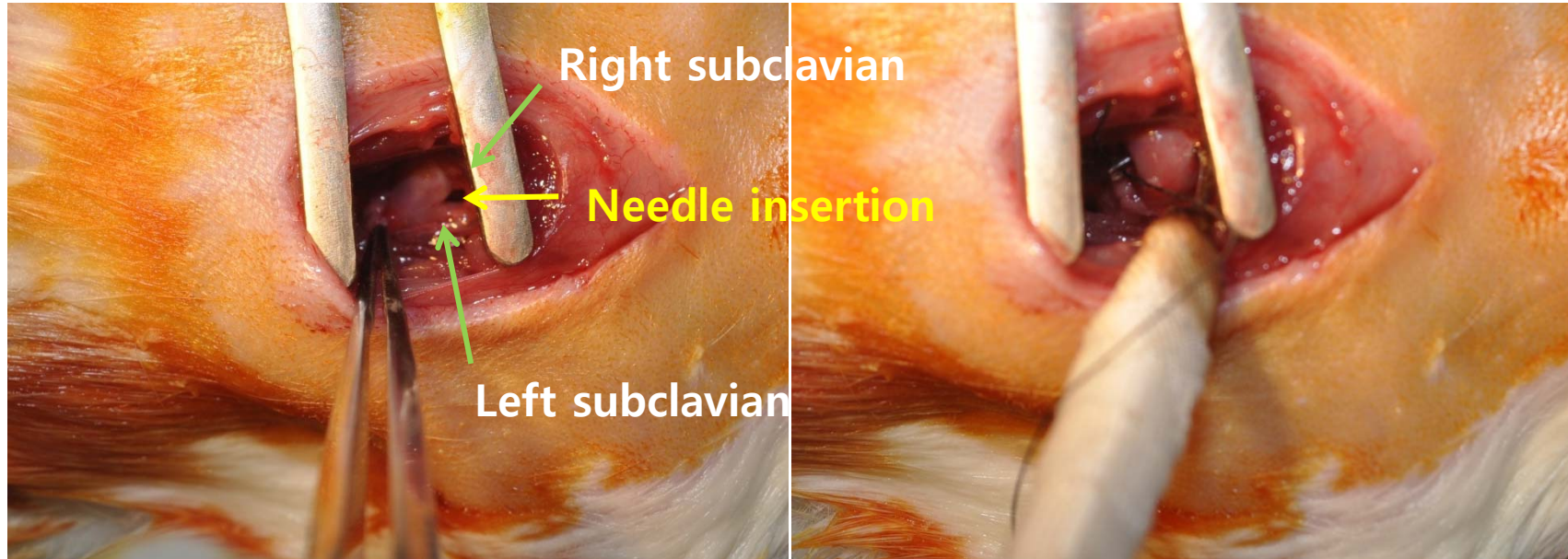
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# Transverse Aortic Constriction (TAC)



# Transverse Aortic Constriction (TAC)



# Histomorphometric analysis

Postmortem pathologic measurements of MAFbx KO

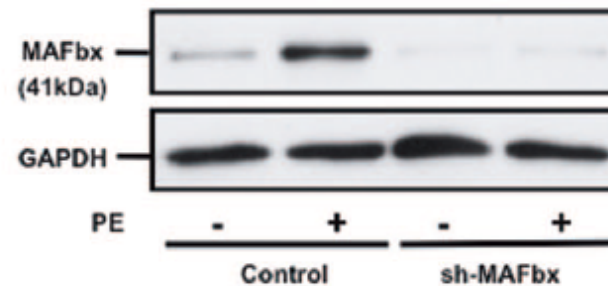
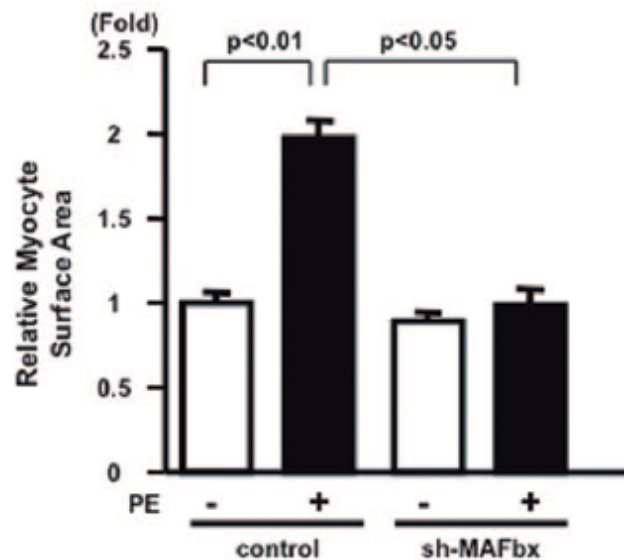
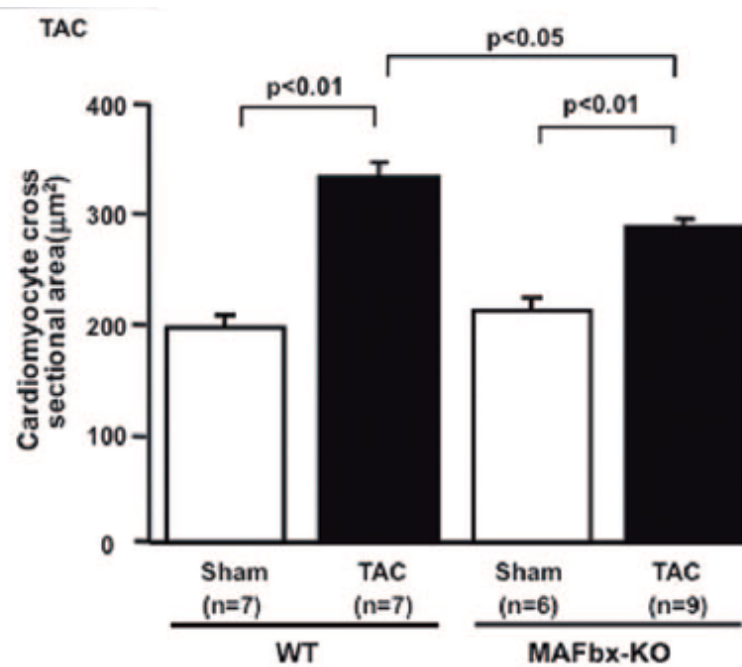
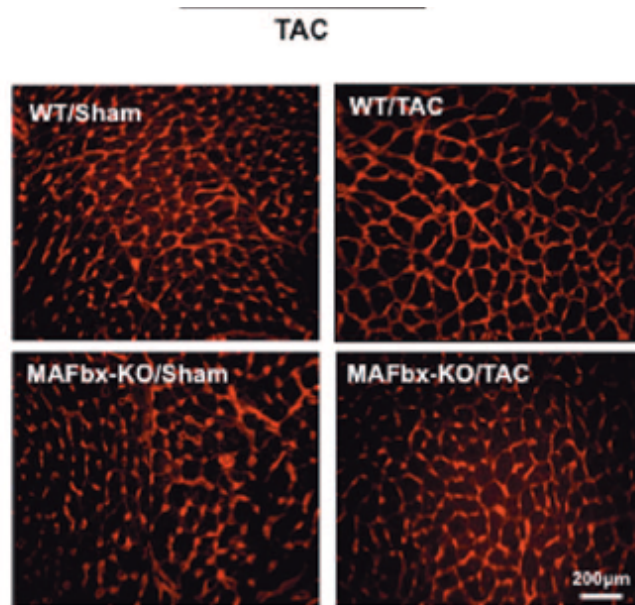
	WT		MAFbx KO	
	Sham	Banding	Sham	Banding
n	7	7	6	9
BW (g)	27.3±1.0	26.6±1.0	26.0±1.7	25.2±1.2
TL(mm)	17.7±0.3	17.8±0.3	17.2±0.1	17.2±0.2
LV (mg)	87.1±1.6	151.3±9.0 <sup>B</sup>	86.3±4.6	112.2±5.7 <sup>A,D</sup>
RV (mg)	17.4±0.6	23.4±2.1 <sup>A</sup>	19.0±2.1	18.0±1.0
LVW/BW	3.22±0.12	5.68±0.20 <sup>B</sup>	3.36±0.20	4.49±0.22 <sup>B,D</sup>
Lung W/BW	5.08±0.10	10.10±1.77 <sup>B</sup>	4.93±0.21	6.00±0.73 <sup>C</sup>
Liver W/BW	47.2±2.2	44.5±1.5	44.9±3.8	40.9±2.0
LVW/TL	4.92±0.13	8.35±0.40 <sup>B</sup>	4.76±0.23	6.52±0.29 <sup>B,D</sup>
Lung/TL	7.79±0.19	12.56±1.34 <sup>B</sup>	7.39±0.53	8.55±0.74 <sup>D</sup>
Liver/TL	72.4±3.5	65.6±3.4	66.9±10.9	60.3±4.6

Data are mean ± SEM, <sup>A</sup>*P*<0.05, <sup>B</sup>*P*<0.01 compared with same genotype sham mice.

<sup>C</sup>*P*<0.05, <sup>D</sup>*P*<0.01 compared with WT 2 weeks after banding.



# Histomorphometric analysis



**Wheat germ agglutinin Ab**

Soichiro Usui et al . 2011 Circ Res 2011;109:161-171

# Today

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## 1. Myocardial infarction

(Rat and Mouse: Coronary artery ligation model)

## 2. Pressure over-load induced LV Hypertrophy

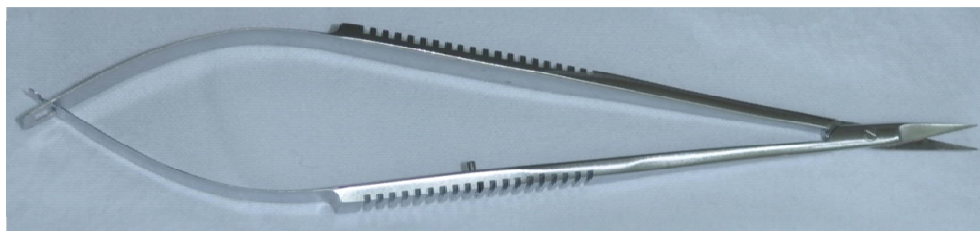
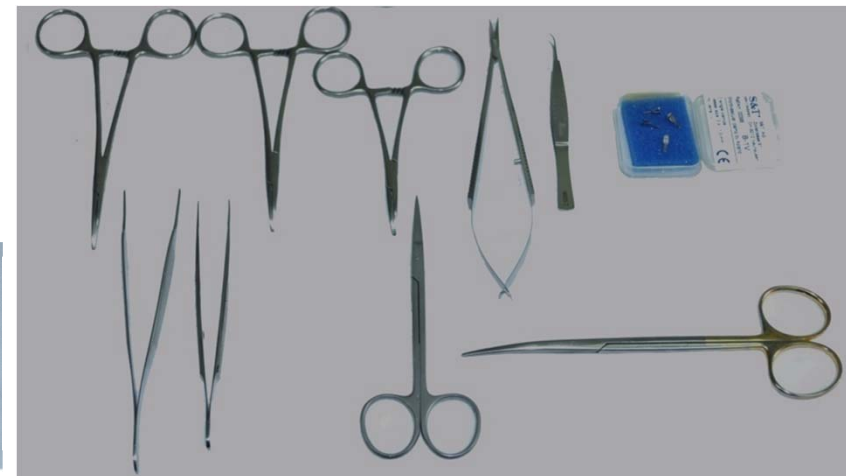
(Transverse aortic constriction model : TAC)

## 3. Restenosis

(Carotid artery balloon injury model)

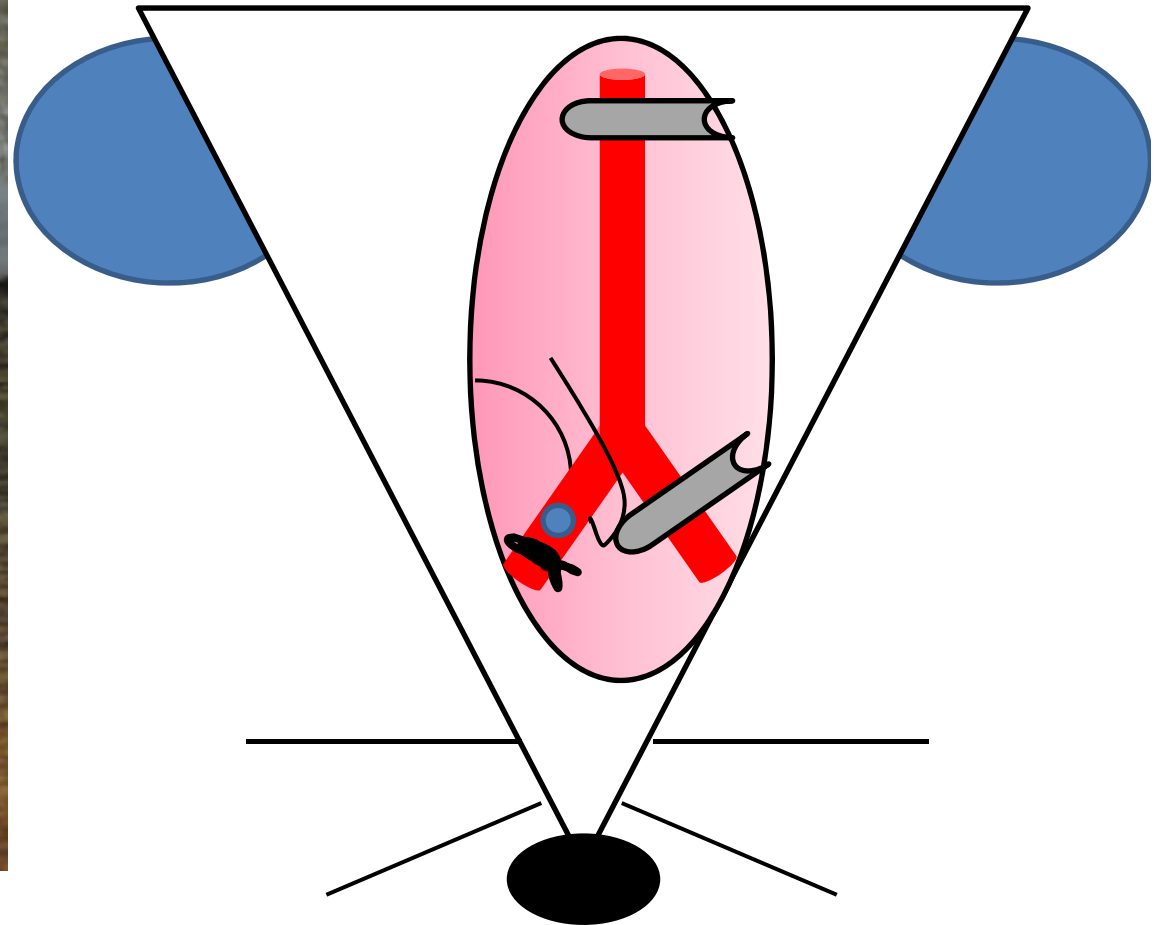
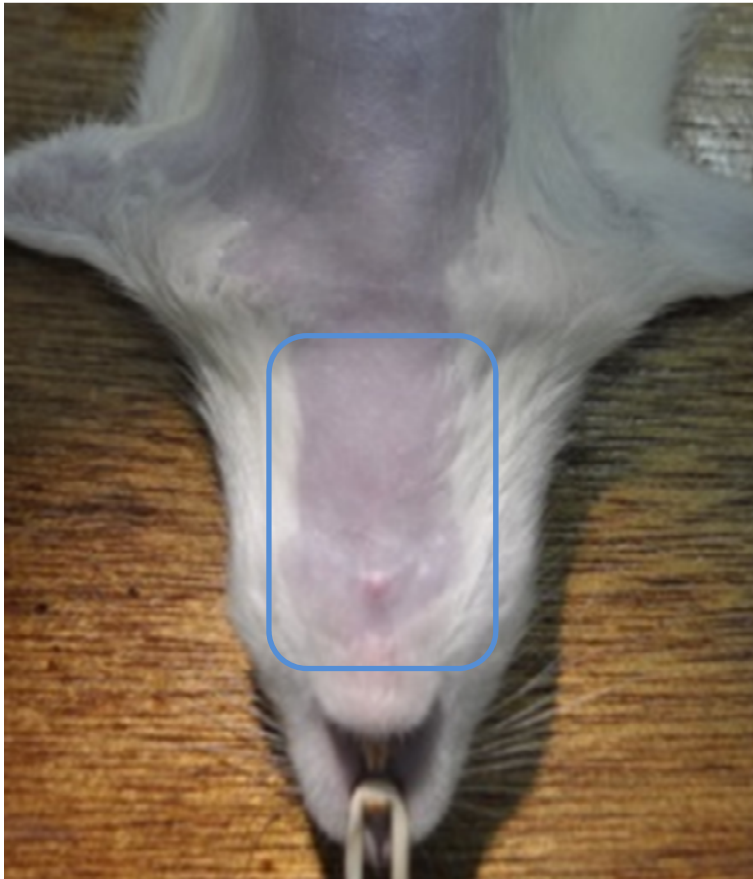
# Common carotid endothelial cell denudation model (Carotid balloon injury model)

1. Adson tissue forcep, micro needle holder
2. Mosquito forcep
3. Metzenbaum scissors, Scissor)
4. Hemoclips (S&T, Microvascular clamp, 2-single clamps, 0.4-1.0 mm)
5. Needle holders
6. 5-0 silk
7. Hamilton Syringe
8. Fogarty balloon catheter



# Carotid artery balloon injury model

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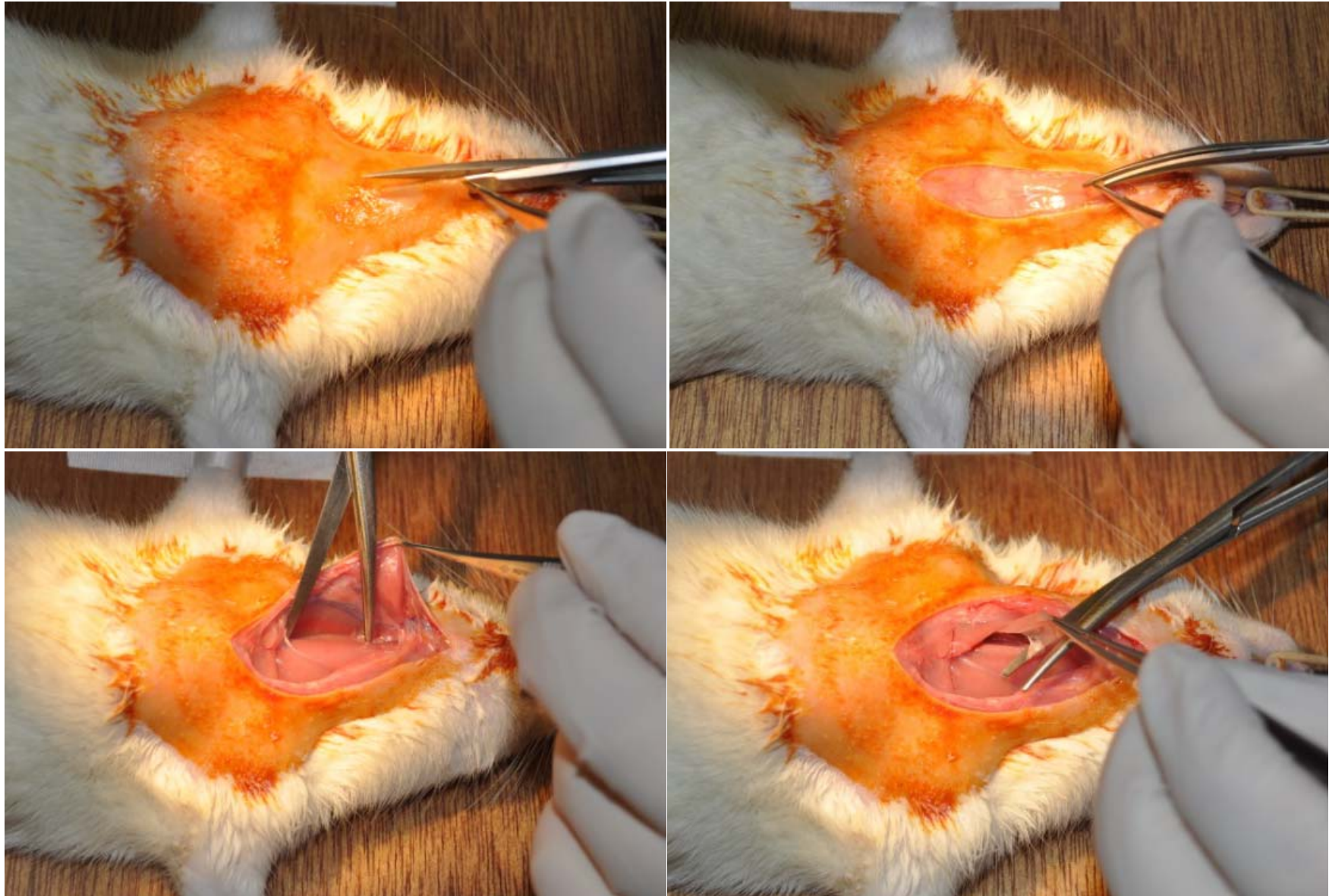


**1. Right common carotid  
artery exposure**

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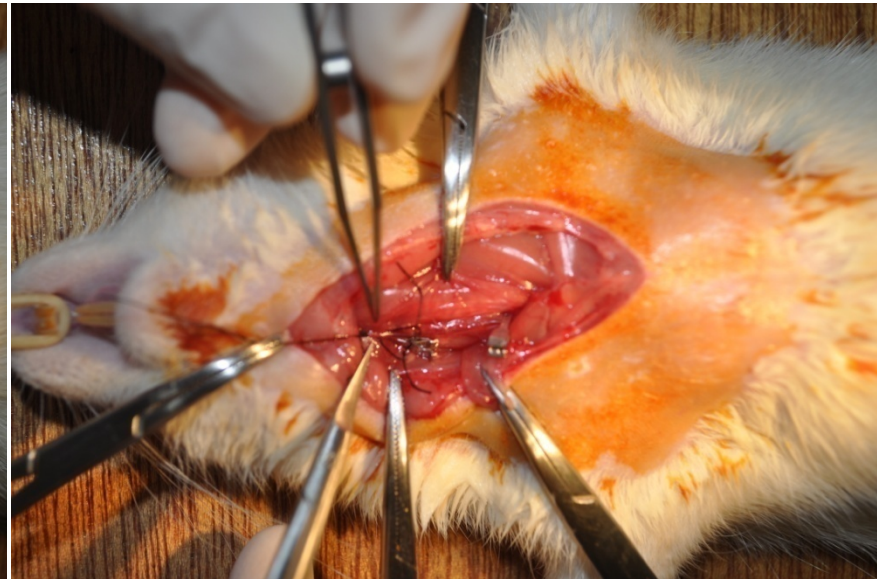
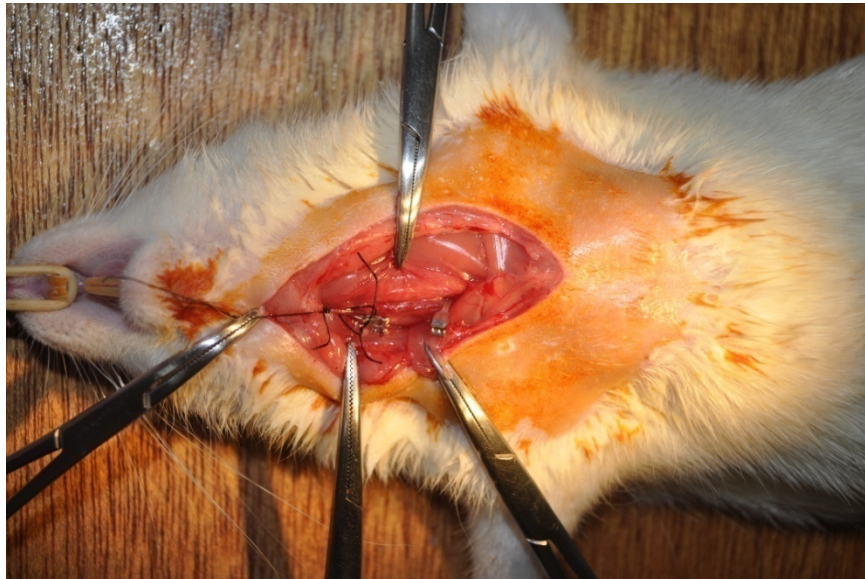
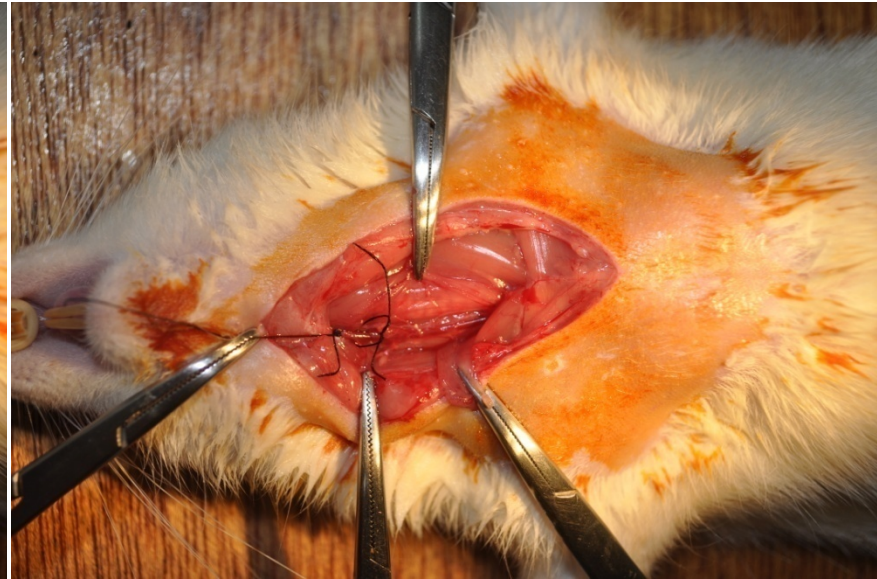
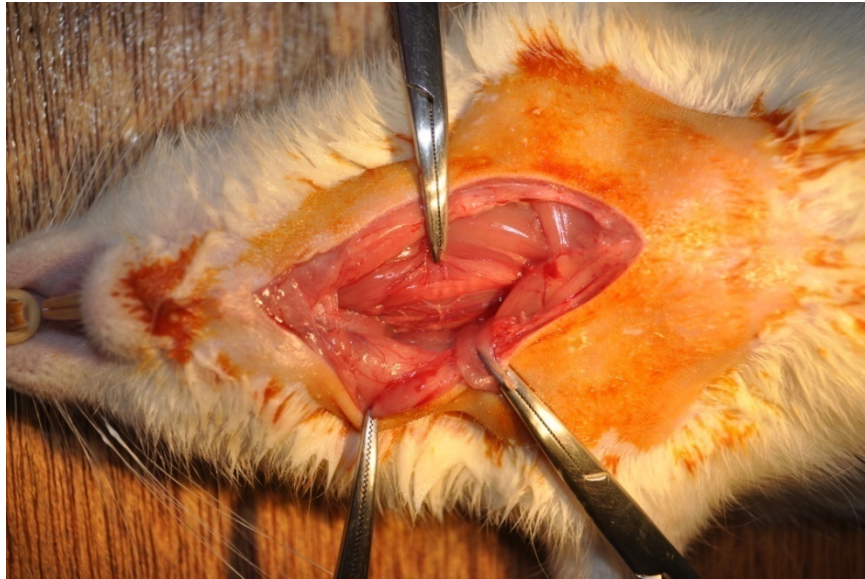
# Carotid artery balloon injury model

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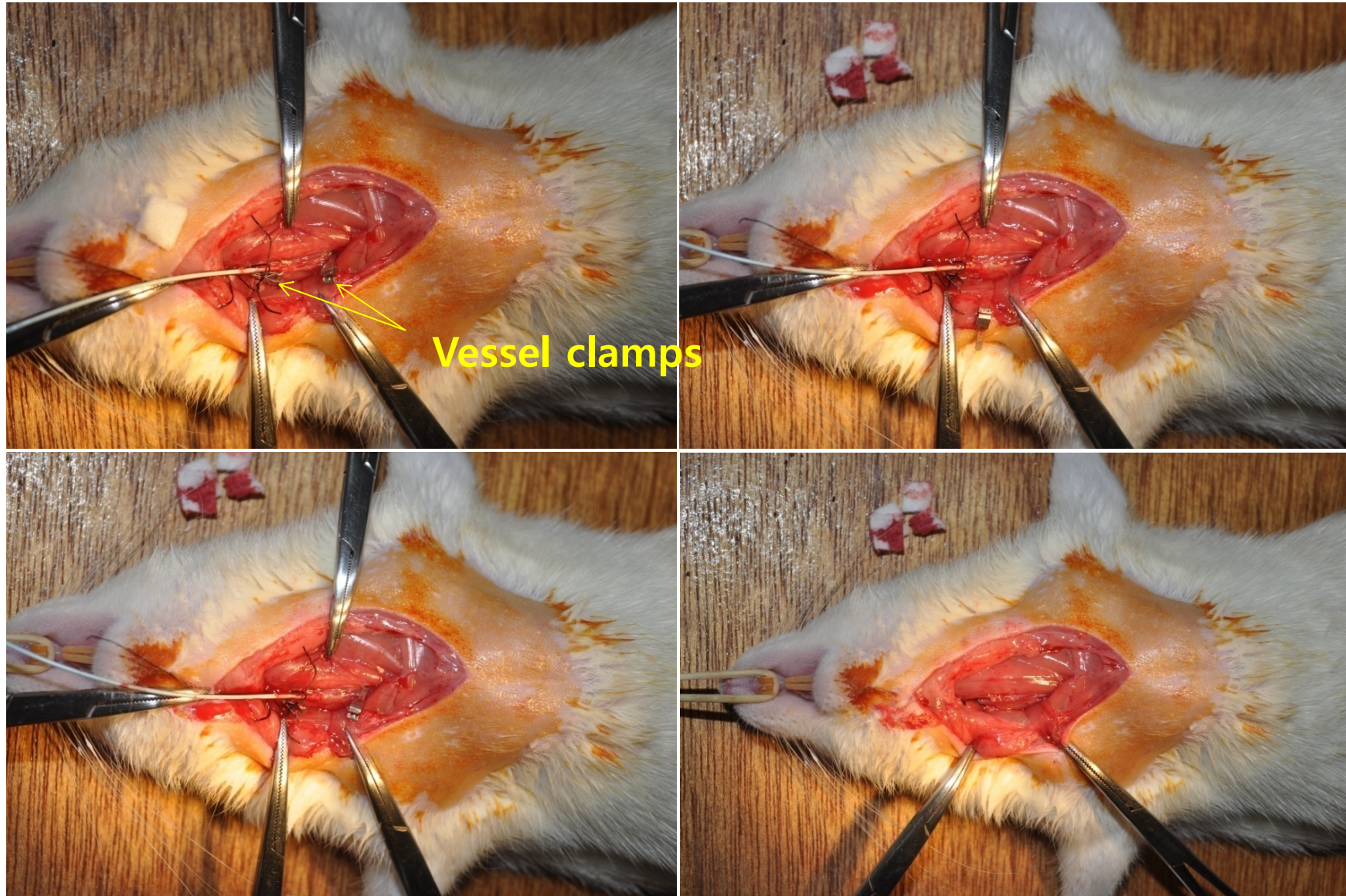
# Carotid artery balloon injury model

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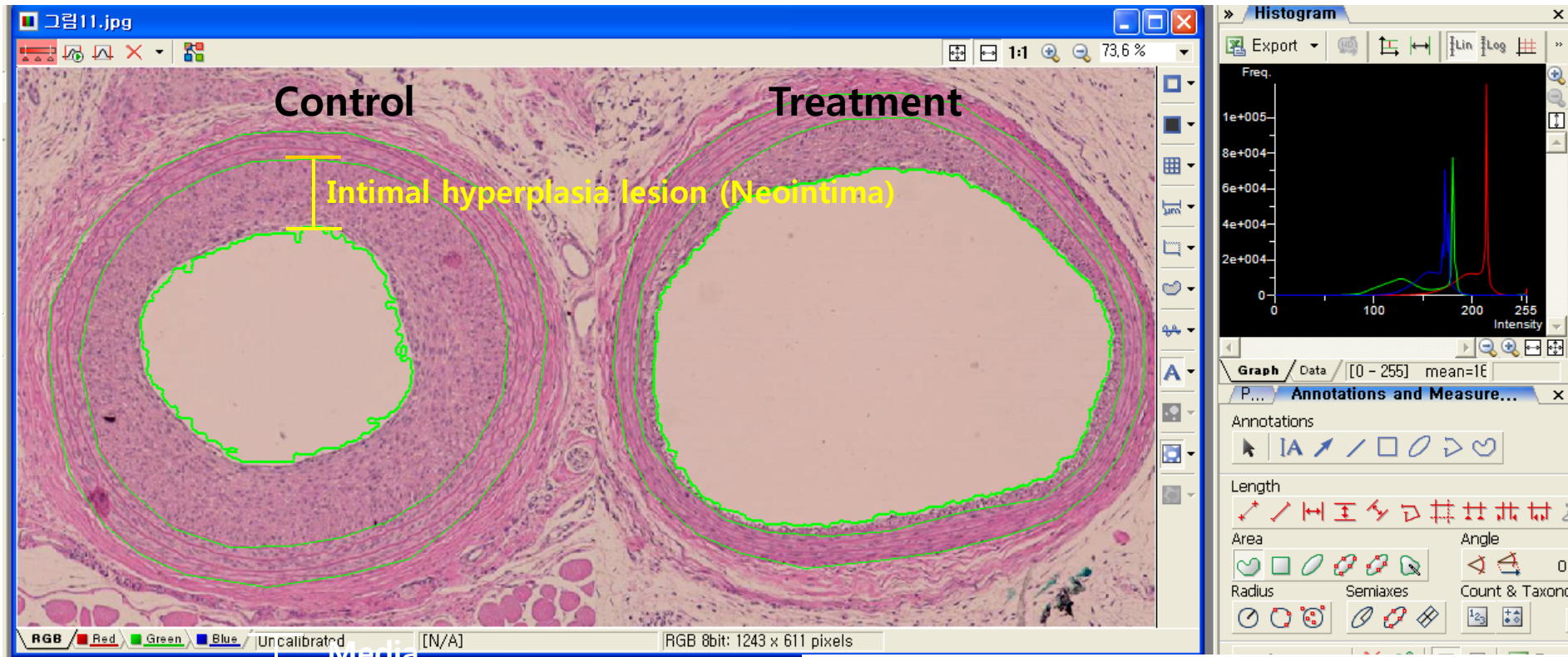
# Carotid artery balloon injury model

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# Histomorphometric analysis

-2 weeks later



Neointimal area (mm<sup>2</sup>), Stenosis ratio (%),  
Lumen area (mm<sup>2</sup>),  
Thickness, Neointima area/Media area ratio

TABLE 2. Angiographic and Histomorphometric Indices of Oral Paclitaxel Groups

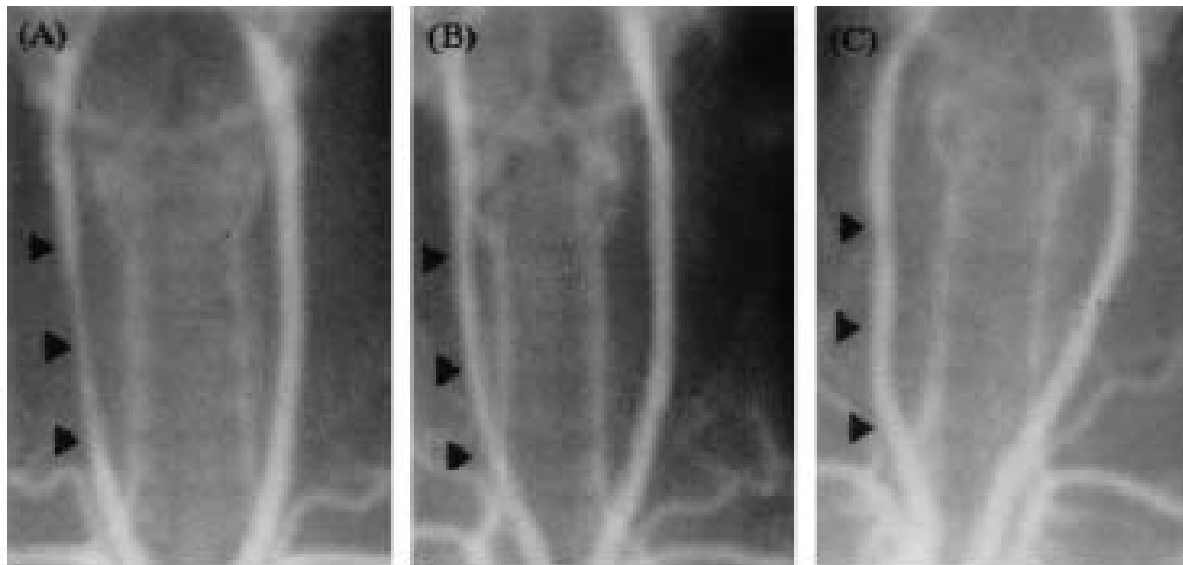
	Paclitaxel Dose, mg/kg			
	0 (n=13)	5 (n=9)	7.5 (n=10)	10 (n=8)
MLD, AU	4.67±1.45	6.28±2.09*	6.97±1.79*	7.97±1.57*
Neointimal area, mm <sup>2</sup>	0.13±0.05	0.05±0.05*	0.04±0.03*	0.05±0.03*
Neointima/media area ratio	1.20±0.38	0.46±0.45*	0.39±0.29*	0.40±0.28*
% Area stenosis, %	33.9±8.6	15.2±15.1*	12.1±7.7*	13.5±9.7*
Media area, mm <sup>2</sup>	0.11±0.01	0.11±0.02	0.11±0.02	0.11±0.02

Results are reported as mean ± SD.  
\*P < 0.05 vs control.

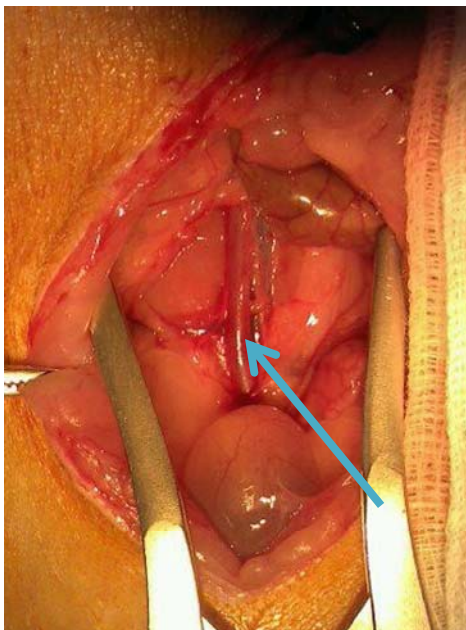
Kim DW et al. Circulation. 2004;19:242-7



# Histomorphometric analysis



**Figure 2.** Representative carotid angiographic finding performed 11 days after balloon injury. Diffuse narrowing of right carotid artery was observed in control group. Oral paclitaxel-treated groups showed significant reduction in luminal narrowing of carotid artery compared with control group. A, Control (vehicle alone); B, low-dose paclitaxel (5 mg/kg); and C, high-dose paclitaxel (10 mg/kg).



Abdominal aorta  
16G~18 G IV catheter or 7F angio catheter

# Today

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## **1. Myocardial infarction**

(Rat and Mouse: Coronary artery ligation model)

## **2. Pressure over-load induced LV Hypertrophy**

(Transverse aortic constriction model : TAC)

## **3. Carotid artery balloon injury model**

# *Cardiovascular Research Institute of Chonnam National Universtiy*

## *The Heart Research Center*



**Myung Ho Jeong**

**Youngkeun Ahn**

**Yong Sook Kim**

**Moon Hwa Hong, Hyang Hee Cho, Jeong Sook Kim,**

**Wan Seok Kang, Hae Yoon Jeong**



**Myeong-Chan Cho**  
NIH



**Young-Gyu Kim**  
CBNUH



**Dong-Woon Kim**  
CBNUH



**Tae-Jin Youn**  
SNUH



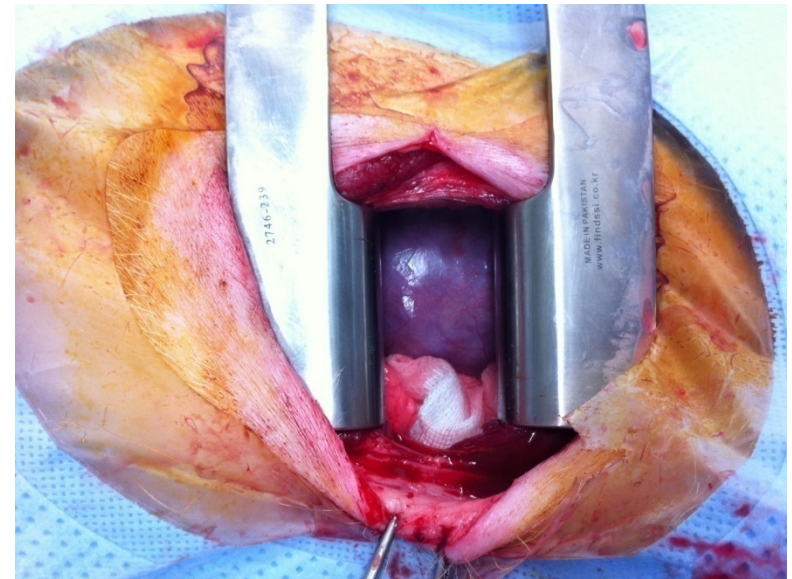
# 감사합니다.



# 심장질환 치료기술 개발 특성화 센터 (Heart Research Center)

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1. Pig coronary artery balloon occlusion model (MI)
2. Pig coronary artery chronic total occlusion model (CTO)
3. Pig coronary artery delivery system
4. Pig thoracotomy model
5. Rat aorta and Rabbit iliac artery stent implantation model
6. Pig Coronary artery stent implantation model
7. Mouse hind limb ischemia model



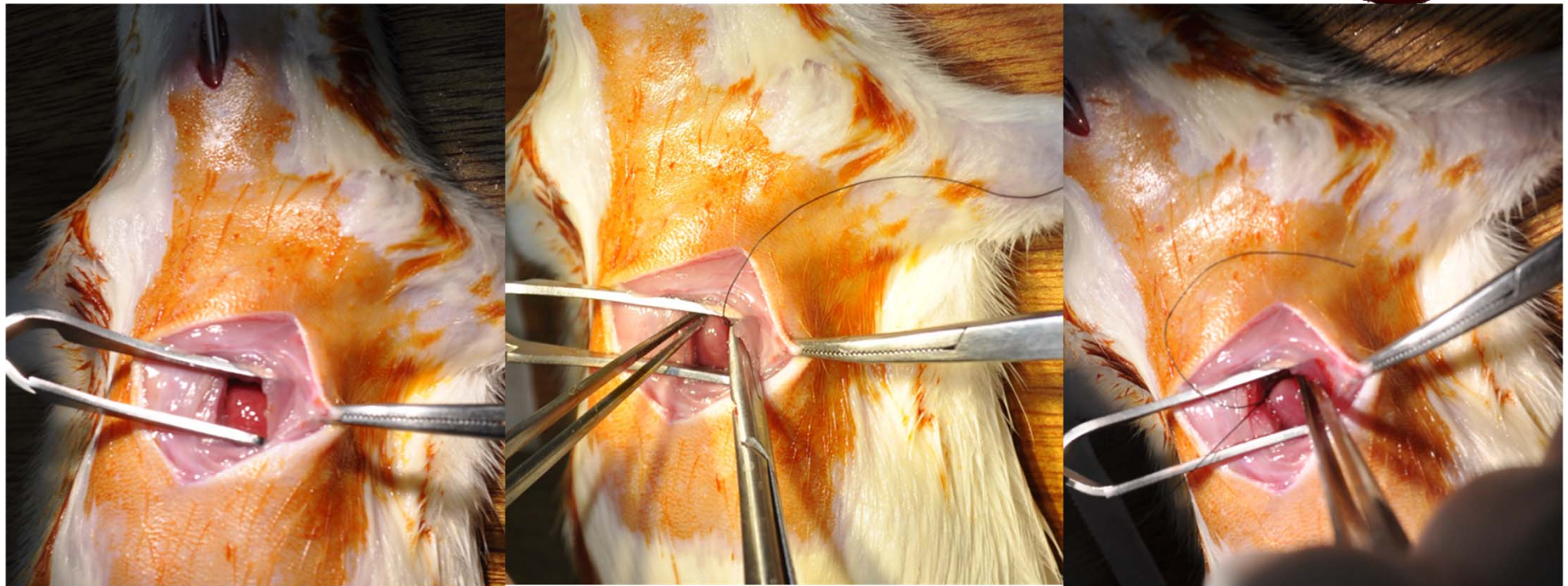
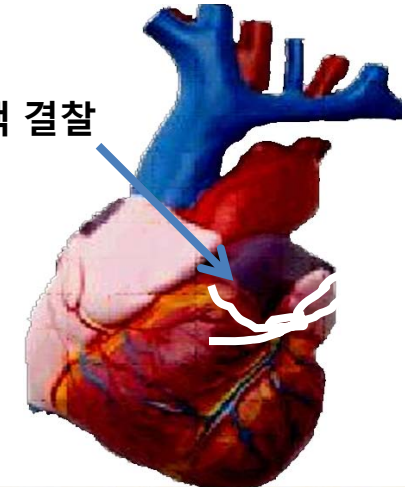
# Rat or Mouse Myocardial Infarction (MI)

Rat or mouse

Body weight : rat  $260 \pm 20\text{g}$  (~7 weeks)

: mouse  $30 \pm 5\text{ g}$  (~12 weeks)

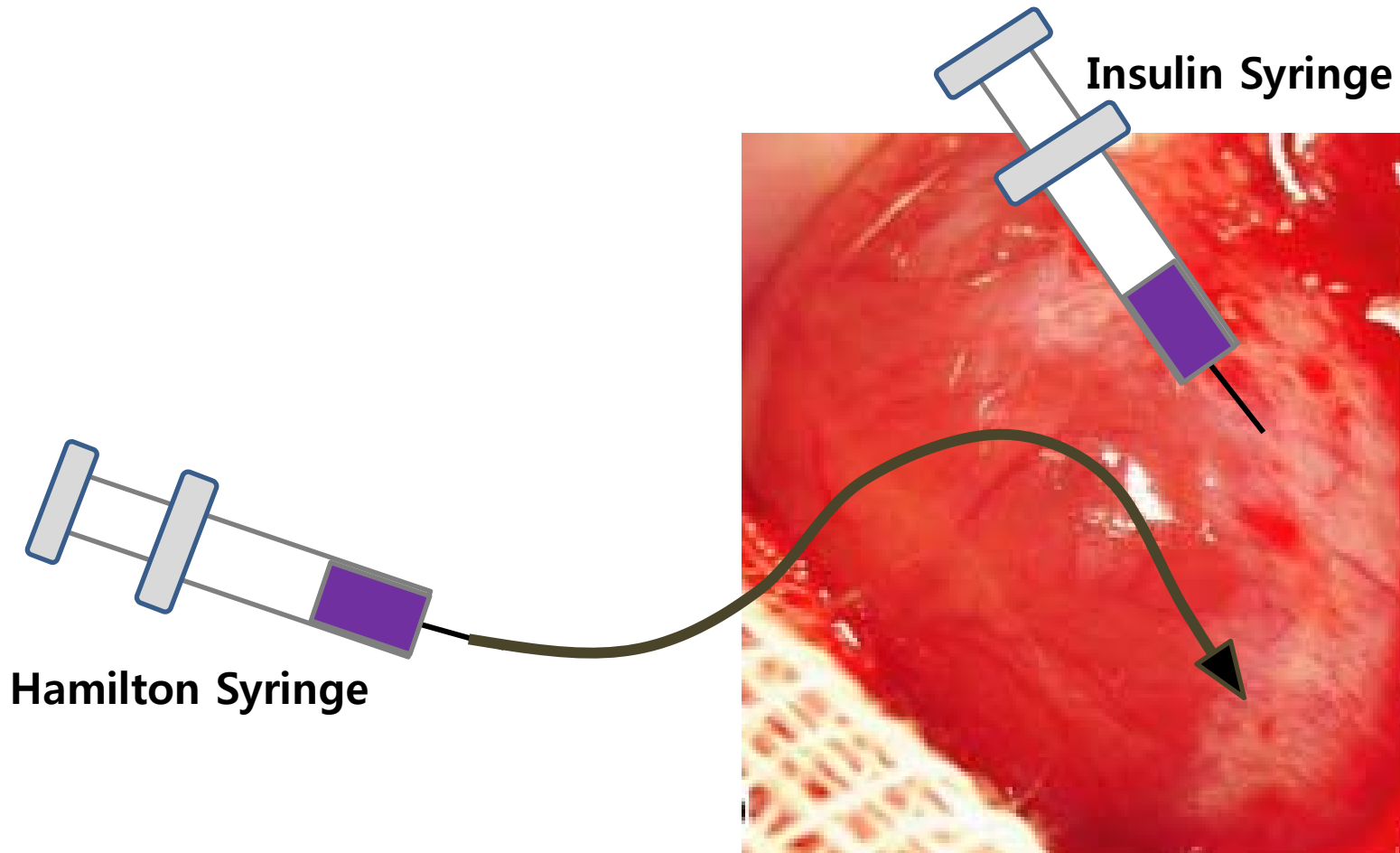
관상동맥 결찰



# Rat or Mouse Myocardial Infarction (MI)

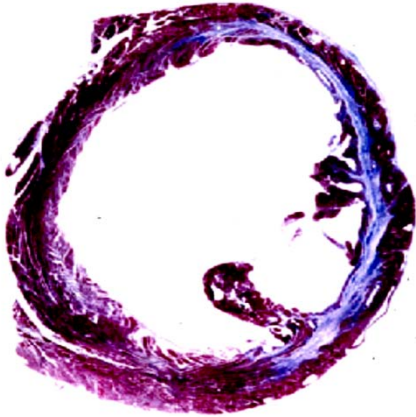
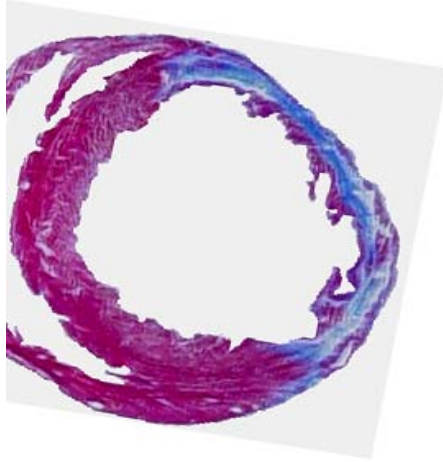
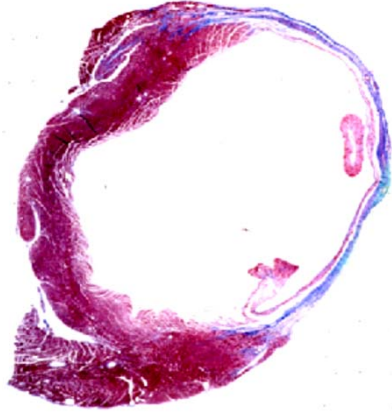
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-Re-opening surgery : cell or plasmid delivery and polymer implantation



# Histomorphometric analysis

- Left coronary artery ligation in Sprague-Dawley rats

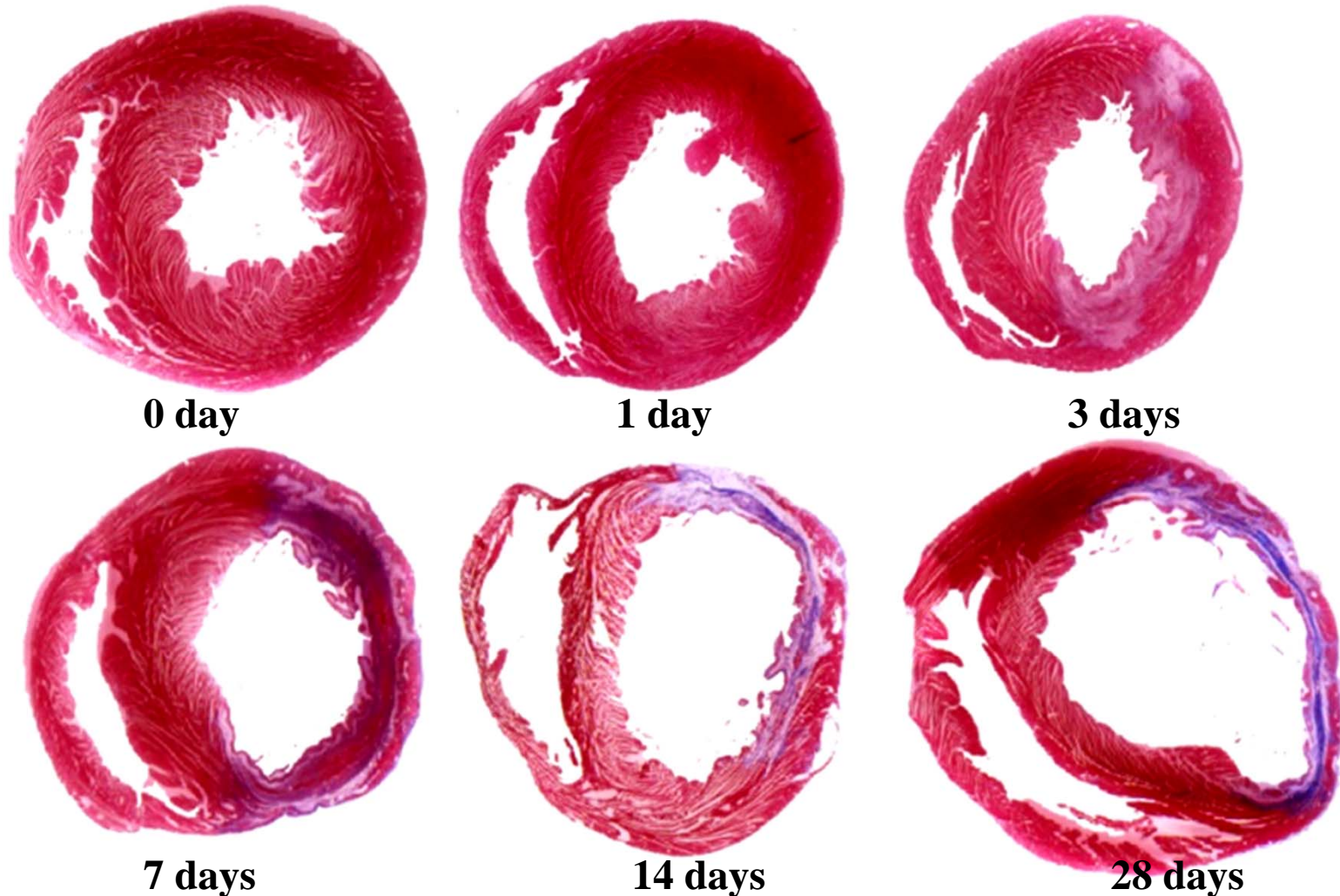
ER group (Subendocardial MI)	LR group (Nontransmural MI)	NR group (Transmural MI)
Early reperfusion with myocardial salvage	Late reperfusion without myocardial salvage	Non-reperfusion
45-minute LCA ligation followed by reperfusion	5-hour LCA ligation followed by reperfusion	Permanent LCA ligation
		



# Histomorphometric analysis

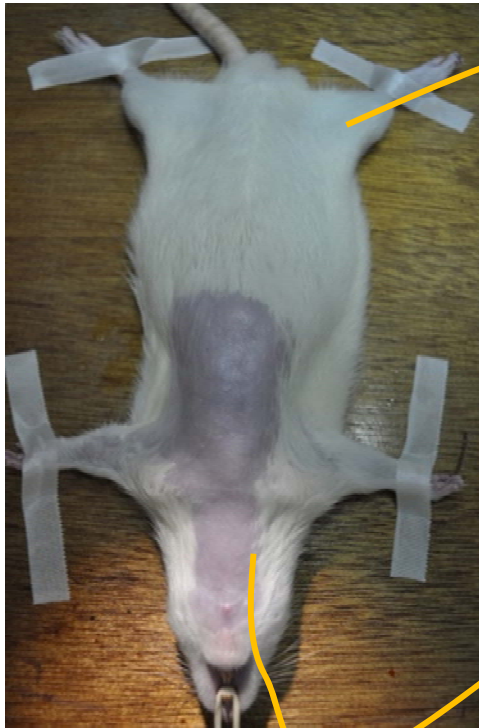
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- 4 hours LCA ligation followed by reperfusion (Masson and Trichrome stain or Sirius red stain)



# Blood pressure analysis

Femoral artery (Normal blood pressure)



Right common carotid artery (High blood pressure)