

## MACRO- AND MICROSTRUCTURAL HEART ARRANGEMENT IN WHITE RATS IN HEALTH

**M. M. Shevchuk**

Danylo Halytskyi Lviv National Medical University, Lviv, Ukraine

**Key words:**  
rat, myocardium,  
histological structure.

Clinical and experimental  
pathology 2022. Vol.21,  
№ 4 (82). P. 60-64.

DOI:10.24061/1727-4338.  
XXI.4.82.2022.09

E-mail:  
mykolashkevchuk1973@  
gmail.com

**The aim of research** – to study the histological structure of the heart of a white rat in health for a comparative analysis of possible changes during further experimental interventions.

**Material and methods.** The material for the study was heart biopsies of male rats with a body weight of 200±30 g. For the production of histological preparations, heart samples were taken randomly from different parts at least of 5 fragments. The thickness of samples for histological preparations was no more than 4 mm. For morphometry, the sections were stained with hematoxylin-eosin, azan and fuxilin and picrofuxin.

**The results.** Myocardial muscle fibers are formed by mono- and binucleate cells of rectangular shape in cross-section, which contact with each other in the form of chains and provide a contractile function. The myocardium of the ventricles is three-layered: it has superficial, middle and deep layers. The fibers of the superficial layer are located longitudinally. Bundles of the middle layer envelop each ventricle separately. The muscle bundles of the inner layer form the trabeculae of the ventricles of the heart. The atrial myocardium consists of two muscle layers – superficial and deep. The superficial layer is made of oblique-circular muscle bundles that continuously cover the two atria. The deep layer is made of longitudinal muscle bundles, and is separate for each atrium.

**Conclusions.** The histological structure of the white rat's heart in health has been specified, as a basis for a comparative analysis of possible changes during experimental interventions, accompanied by morphofunctional changes of the myocardium.

**Ключові слова:**  
щур, міокард, гістологіч-  
на будова.

Клінічна та експеримен-  
тальна патологія 2022.  
Т.21, №4 (82). С. 60-64.

**МАКРО- ТА МІКРОСТРУКТУРНА ОРГАНІЗАЦІЯ СЕРЦЯ БІЛОГО ЩУРА В НОРМІ****М. М. Шевчук**

Львівський національний медичний університет імені Данила Галицького, м. Львів, Україна

**Мета дослідження** – вивчити гістологічну будову серця білого щура в нормі для порівняльного аналізу можливих змін при подальших експериментальних втручаннях.

**Матеріал та методи.** Матеріалом для дослідження були біоптати серця щурів самців із масою тіла 200±30 гр. Для виготовлення гістологічних препаратів забір зразків серця відбувався випадковим чином із різних частин не менше 5 фрагментів. Товщина зразків для гістологічних препаратів була не більше 4 мм. Для морфометрії зрізи забарвлювали гематоксилін-еозином, азаном та фуксиліном і пікрофуксином.

**Результати.** М'язові волокна міокарда утворені одно- та двоядерними клітинами прямокутної форми на зрізі, які контактують між собою у вигляді ланцюжків і забезпечують скоротливу функцію. Міокард шлуночків тришаровий: має поверхневий, середній та глибокий шари. Волокна поверхневого шару розташовуються позовжньо. Пучки середнього шару окремо огортають кожний шлуночок. М'язові пучки внутрішнього шару утворюють трабекули шлуночків серця. Міокард передсердь складається з двох м'язових шарів – поверхневого і глибокого. Поверхневий шар побудований з косо-циркулярних м'язових пучків, що суцільно покривають два передсердя. Глибокий шар – з позовжніх м'язових пучків, і є окремим для кожного передсердя.

**Висновки.** Уточнено гістологічну будову серця білого щура в нормі, як підґрунтя для порівняльного аналізу можливих змін при експериментальних втручаннях, що супроводжуються морфофункціональними змінами міокарда.

**Introduction**

According to the WHO, the cardiovascular system diseases are one of the defining problems of modern medicine. Cardiovascular diseases (CVD) are the main cause of mortality and disability of population in most countries of the world [1-3]. It is expected that more than 23 million people will die from these diseases by 2030. In Europe, cardiovascular pathology accounts

for about 40% of all deaths in persons under the age of 75, including more than 60% of sudden cardiac death. Ukraine occupies one of the first places in Europe in terms of mortality rates due to diseases of the cardiovascular system (459.48 per 100,000 population) [1-4].

The property of the structure of the rat heart is that 5-6 pulmonary veins end into the left atrium. One vein, sometimes two of veins arise from the left lung, and four

veins arise from the right one. The rat heart resembles the shape of a cone, the apex of which is directed downward towards the diaphragm, the heart is slightly shifted to the left relative to the midline, and is located almost in a horizontal plane. The property of the rat heart includes the presence of the left cranial vena cava and sinus valves. The cone of the right ventricle extends significantly upward. The parietal leaflets of the atrioventricular valves are, in most cases, not clearly distinguished. The aortic arch is very steep, 2-3 trunks arise from it [5].

There are 9 pairs of ribs attached to the sternum in the rat. Skeleton topically, the rat heart is located between the third and the seventh ribs. Cardiac-diaphragmatic ligament extends from the apex of the rat heart [4].

Wall of the rat heart consists of three layers: epicardium – the outer layer, myocardium – the middle layer, and endocardium – the inner layer. The heart itself is located in the fibrous pericardium. Endocardium overlays the heart chambers from the inside, and forms the leaflets and semilunar valves of the heart. The atrial endocardium is thicker than that of the ventricles, but is thickest in the left heart chambers. Myocardium is the thickest layer of the heart wall, and consists of striated cardiac muscle tissue. The rat myocardium consists of two types of muscle cells – cardiomyocytes: typical contractile and conducting ones. Cardiac myofibers are formed by uninuclear and binuclear muscle cells, the contractile cardiomyocytes. These cells are rectangular with lateral processes, their length is 50-120  $\mu\text{m}$ , and diameter is 15-20  $\mu\text{m}$ . The nucleus is located in the center of the cell. Cardiomyocytes are connected to one another, forming intercalated discs. The atrial myocardium consists of two muscle layers, the outer layer, which consists of circular muscle bundles, and the deep layer, which has longitudinally oriented muscle bundles. Myocardium of the ventricles consists of three layers: outer, middle and deep (inner) ones. The outer layer is thin, and its fibers are longitudinally oriented. Its muscle bundles originate from fibrous rings. At the apex of the heart, these bundles twist and extend into the inner longitudinal layer. The middle layer is located between the longitudinal outer and inner muscle layers. The rat epicardium is formed by a serous membrane [6,7].

#### **Aim of the study**

To study the histological structure of a white rat heart in health for a comparative analysis of possible changes during further experimental interventions.

#### **Materials and methods**

Rats were kept on a standard vivarium diet with free and unrestricted access to water. All animals were kept in the conditions of the vivarium of Danylo Halytskyi Lviv National Medical University, the experiments were conducted in accordance with the provisions of the European Convention for the Protection of Vertebrate Animals Used for Experimental and other Scientific Purposes (Strasbourg, 1986), Council of Europe Directive 86/609/EEC (1986), Law of Ukraine No. 3447-IV «On the Protection of Animals from Cruelty». The experiments were conducted in accordance with Minutes No. 7 dated 29.08.2022 of the Commission on the ethics of scientific

Клінічна та експериментальна патологія. 2022. Т.21, № 4 (82)

research, experimental developments and scientific papers of Danylo Halytskyi Lviv National Medical University. Material for research was collected after decapitation of animals under ether anesthesia. Heart biopsy specimens of male rats weighing 180-230 g were the material for the study. Since heart is a large organ, tissue samples from each animal were collected simultaneously for histological examination, which allowed optimization of the use of biological material and reduction in the number of animals required for the study. Heart samples were taken randomly, at least 5 fragments from different parts for making histological preparations. Thickness of samples for histological preparations did not exceed 4 mm. Samples for making histological preparations were fixed in 10% buffered formalin. Afterwards, these samples were dehydrated by processing in increasing concentration of ethyl alcohol (60%, 70%, 80%, 90%, 95%, for 2 hours, and twice 100% for 30 minutes), and embedded in paraffin in a thermostat at a temperature of 60 °C with an intermediate processing in alcohol-xylene (50 to 50) and 100% xylene, 30 minutes in each solution. For morphometry, sections with a thickness of 3  $\mu\text{m}$  were stained with hematoxylin-eosin.

#### **Research results and their discussion**

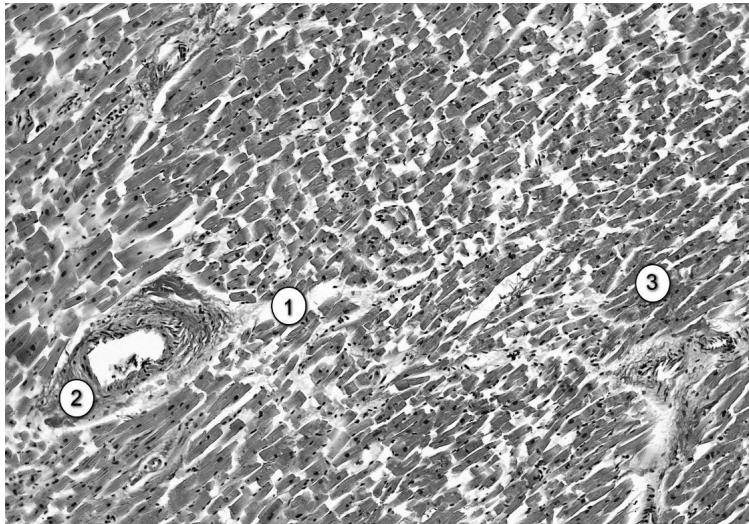
Heart muscle of the rat consists of branching and overlapping myofibers, forming a peculiar kind of a mesh. Fissures between myofibers are filled with loose connective tissue (nuclei of fibrocytes are clearly seen) with blood vessels and nerves. Connective tissue in health is poorly pronounced. Myofibers of the myocardium are formed by cardiomyocytes that are rectangular in cross-section (Fig. 1).

The atrial myocardium consists of two muscle layers, the outer and deep ones. The outer layer consists of circular transverse muscle bundles that continuously cover the two atria. The deep layer consists of longitudinal muscle bundles, and is separate for each atrium. Myocardium of the ventricles consists of three layers: outer, middle and deep ones. Fibers of the outer layer are located longitudinally. There is a middle layer between the outer and inner muscle layers, the bundles of which wrap around each ventricle separately. Muscle bundles of the inner layer form trabeculae carneae of the ventricles of the heart. Myocardial myofibers are formed by uninuclear or binuclear muscle cells communicating with one another in the form of chains, and are called cardiomyocytes providing a contractile function (Fig. 2). Ventricular cardiomyocytes are cylindrical in shape, and atrial cardiomyocytes have processes.

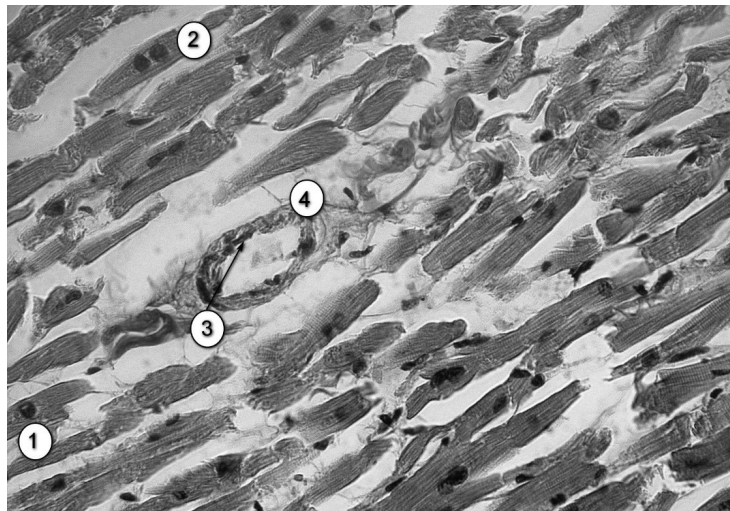
Layers of the connective tissue were observed between cardiomyocytes, in the depth of which vessels of various diameters with a small number of erythrocytes were seen. The intima of arterial vessels is tortuous in some places, and is represented by thinned endotheliocytes with elongated hyperchromic nuclei (Fig. 3, 4).

The nuclei of cardiomyocytes are ovoid or spindle-shaped, and are usually located in the center of the cell. Ventricular cardiomyocytes contain fair amount of sarcoplasm, and a small amount of myofibrils.

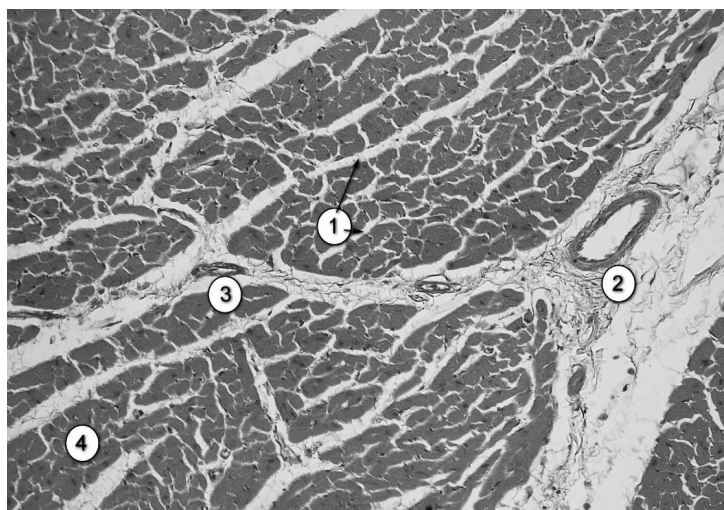
The inside diameter of the myocardial arterioles in the white rat is 12.95 (9.49; 15.03)  $\mu\text{m}$ , the thickness of the arteriolar wall is 2.77 (2.45; 3.20)  $\mu\text{m}$ , the diameter of the capillaries is 4.34 (3.84; 5.41)  $\mu\text{m}$ .



**Fig. 1.** Region of myocardium in intact rat. Micrograph. Fuchsilin and picrofuchsin staining. Magnification:  $\times 100$ . Legend: 1 – layers of connective tissue; 2 – vessel; 3 – typical cardiomyocytes.



**Fig. 2.** Left ventricular region of myocardium in intact rat. Micrograph. Fuchsilin and picrofuchsin staining. Magnification:  $\times 400$ . Legend: 1 – uninuclear cardiomyocyte; 2 – binuclear cardiomyocyte; 3 – nucleus of endotheliocyte; 4 – wall of arteriole.



**Fig. 3.** Region of myocardium in intact rat. Micrograph. Hematoxylin and eosin staining. Magnification:  $\times 200$ . Legend: 1 – layers of the connective tissue; 2 – arteriole; 3 – arteriolar capillary; 4 – cardiomyocytes.

Myofibrils on cross-section of muscular tissue are arranged in radial layers, the perinuclear spaces are free of fibrils, and are filled with sarcoplasm. Slightly stained nuclei located in the center of the cell were observed in the myocardial cells. Fibrocytes and capillaries were

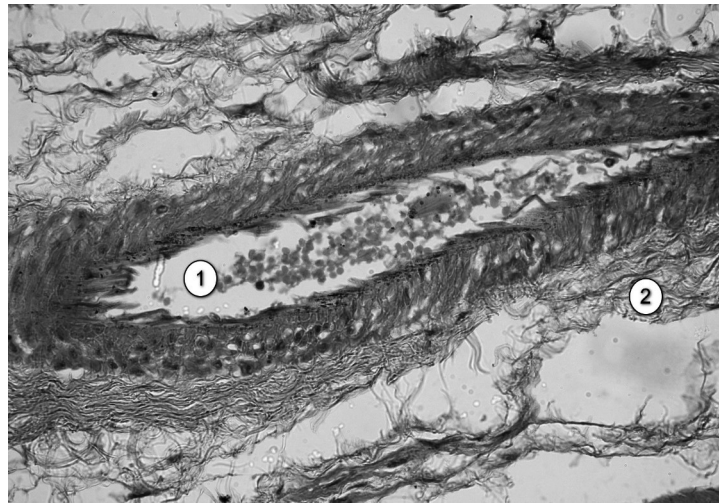
localized in a thin layer of the connective tissue between cardiomyocytes (Fig. 5).

In addition to contractile (typical) cardiomyocytes, we also distinguished another type of myocardial cells, conducting (atypical) cardiomyocytes, which formed cardiac

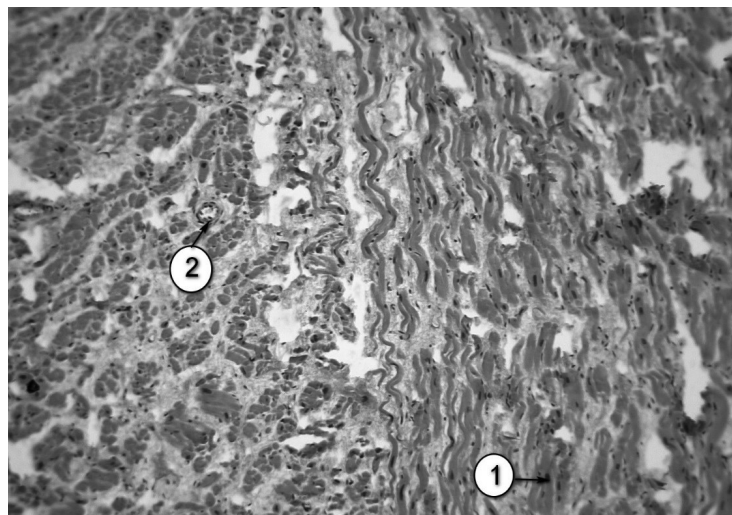
Клінічна та експериментальна патологія. 2022. Т.21, № 4 (82)

conducting system, and were divided into 3 types. The first type, P-cells (pacemaker cells) of small size, polygonal shape, had many pinocytotic vesicles and caveolae, they did not have a T-system, the sarcoplasmic reticulum was poorly developed. The second type, transitional cells are small

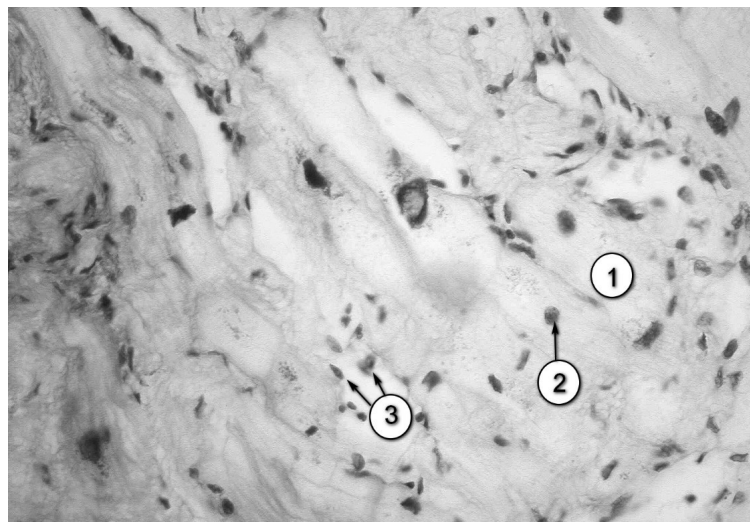
elongated cells, smaller in diameter than typical contractile cardiomyocytes. Cells of the third type, the Purkinje fibers are large cells with peripheral location of myofibrils in the form of light cords, which contained fair amount of sarcoplasm, small amount of myofibrils, and much glycogen (Fig. 6).



**Fig. 4.** Region of the myocardium in intact rat. Micrograph. Hematoxylin and eosin staining. Magnification:  $\times 400$ . Legend: 1 – arterial lumen with blood corpuscles; 2 – interstitial connective tissue.



**Fig. 5.** Region of interatrial septum. Micrograph. Hematoxylin and eosin staining. Magnification:  $\times 200$ . Legend: 1 – nucleus of cardiomyocyte; 2 – capillary.



**Fig. 6.** Cells of A-V node. Micrograph. Azan staining. Magnification:  $\times 400$ . Legend: 1 – atypical cardiomyocytes; 2 – nucleus of conducting cardiomyocyte; 3 – nuclei of fibroblasts.

**Conclusions**

1. Heart muscle of the white rat consists of branching and overlapping myofibers, forming a peculiar kind of a mesh.

2. Fissures between myofibers are filled with loose connective tissue with blood vessels and nerves.

3. The nuclei of cardiomyocytes are ovoid or spindle-shaped, and are usually located in the center of the cell.

4. Ventricular cardiomyocytes contain fair amount of sarcoplasm, and a small amount of myofibrils.

**Directions for future research**

Materials of our research will serve a morphological basis for further experimental studies.

**Список літератури**

1. Теренда НО. Смертність від серцево-судинних захворювань як державна проблема. Вісник наукових досліджень. 2015;4:11-3. doi: 10.11603/2415-8798.2015.4.5623
2. Центр громадського здоров'я МОЗ України. Серцево-судинні захворювання – головна причина смерті українців. Висновки з дослідження глобального тягара хвороб у 2019 році [Інтернет]. 2021[цитовано 2023 Січ 25]. Доступно: <https://phc.org.ua/news/sercevo-sudinni-zakhvoryuvannya-golovna-prichina-smerti-ukrainciv-visnovki-z-doslidzhennya>
3. Всесвітня організація охорони здоров'я. Вбивці людства. ВООЗ назвала головні причини смертності за 20 років. BBC NEWS Україна [Інтернет]. 2020[цитовано 2023 Січ 25]. Доступно: <https://www.bbc.com/ukrainian/news-55248620>
4. Коваленко ВМ, Дорогой АП. Серцево-судинні хвороби: медико-соціальне значення та стратегія розвитку кардіології в Україні. Український кардіологічний журнал. 2016;(3 Дод):5-14.
5. Покотило ВЮ. Порівняльна анатомія серця людини і щура за умов фізіологічної норми та впливу опіоїдних наркотичних середників. Вісник проблем біології і медицини. 2016;3(1):27-32.
6. Джалилова ЕА, Кривко ЮЯ. Серце: гістологічна будова та гемомікроциркуляторне русло щура в нормі та на ранніх етапах стрептозототиніндукованого цукрового діабету. Український морфологічний альманах. 2012;10;(2):35-8.
7. Попадинець ОГ, Саган ОВ, Дубина НМ. Клапани серця людини: розвиток, макро- та мікроскопічна будова, особливості кровопостачання (огляд літератури). Буковинський

медичний вісник. 2014;18(4):212-5. doi: 10.24061/2413-0737.XVIII.4.72.2014.230

**References**

1. Terenda NO. Smertnist' vid sertsevo-sudynnykh zakhvoriuvan' yak derzhavna problema [Death rate from cardio-vascular diseases as a state problem]. Bulletin of Scientific Research. 2015;4:11-3. doi: 10.11603/2415-8798.2015.4.5623 (in Ukrainian)
2. Tsentr hromads'koho zdorov'ia MOZ Ukrainy. Sertsevo-sudynni zakhvoriuvannya – holovna prychna smerti ukraintsiv. Vysnovky z doslidzhennia hlobal'noho tiaharia khvorob u 2019 rotsi [Cardiovascular diseases are the main cause of death of Ukrainians. Findings from the Global Burden of Disease Study 2019] [Internet]. 2021[tsytovano 2023 Sich 25]. Dostupno: <https://phc.org.ua/news/sercevo-sudinni-zakhvoryuvannya-golovna-prichina-smerti-ukrainciv-visnovki-z-doslidzhennya> (in Ukrainian)
3. Vsesvitnia orhanizatsiia okhorony zdorov'ia. Vbyvti liudstva. VOOZ nazvala holovni prychny smertnosti za 20 rokiv [Killers of humanity. WHO named the main causes of death in 20 years]. BBC NEWS Ukraine [Internet]. 2021[tsytovano 2023 Sich 25]. Dostupno: <https://www.bbc.com/ukrainian/news-55248620> (in Ukrainian)
4. Kovalenko VM, Dorohoi AP. Sertsevo-sudynni khvoroby: medykosotsial'ne znachennia ta stratehiia rozvytku kardiologii v Ukraini [Cardiovascular diseases: medical and social significance and strategy for the development of cardiology in Ukraine]. Ukrainian Journal of Cardiology. 2016;(3 Dod):5-14. (in Ukrainian)
5. Pokotylo VYu. Porivnial'na anatomiiia sertsia liudyny i schura za umov fiziologichnoi normy ta vplyvu opioidnykh narkotychnykh sereidnykiv [Comparative anatomy of the human and rat heart under physiological conditions and the influence of opioid narcotic agents]. Bulletin of Problems in Biology and Medicine. 2016;3(1):27-32. (in Ukrainian)
6. Dzhaliilova EA, Kryvko YuYa. Sertse: histologichna budova ta hemomikrotsyrkuliatome ruslo schura v normi ta na rannikh etapakh streptozototsynindukovanoho tsukrovoho diabetu [Heart: histological structure and hemomicrocirculatory channel of the rat in normal and early stages of streptozotocin-induced diabetes]. Ukrain's'kyi morfolohichnyi al'manakh. 2012;10;(2):35-8. (in Ukrainian)
7. Popadynets OH, Sahan OV, Dubyna NM. Klapani serca liudyny: rozvytok, makro- ta mikroskopichna budova, osoblivosti krovopostachannia (oglyad literatury) [Human heart valves: development, macro- and microscopical structure, peculiarities of blood supply (reference review)]. Bukovinian Medical Herald. 2014;18(4):212-5. doi: 10.24061/2413-0737.XVIII.4.72.2014.230 (in Ukrainian)

**Information about author:**

Shevchuk M. M. – Candidate of Medical Sciences, Associate Professor of the Department of Pathological anatomy and Forensic Medicine, Danylo Halytskyi Lviv National Medical University, Lviv, Ukraine.

E-mail: [mykolashevchuk1973@gmail.com](mailto:mykolashevchuk1973@gmail.com)

ORCID ID: <https://orcid.org/0000-0001-7852-5980>

**Відомості про автора:**

Шевчук М. М. – к.мед.н., доцент кафедри патологічної анатомії та судової медицини, Львівський національний медичний університет імені Данила Галицького, м. Львів, Україна.

E-mail: [mykolashevchuk1973@gmail.com](mailto:mykolashevchuk1973@gmail.com)

ORCID ID: <https://orcid.org/0000-0001-7852-5980>

Стаття надійшла до редакції 18.11.2022

© М. М. Шевчук

