

CORONARY BLOOD FLOW IN TROUT: CONTROL AND IMPORTANCE  
FOR CARDIAC FUNCTION

A.K. Gamperl

Dept. of Biological Sciences, Simon Fraser University, Burnaby, B.C. Canada. V5A 1S6.  
Phone: 604-291-3977, FAX: 604-291-3496.

A.W. Pinder<sup>1</sup>, R.R. Grant<sup>1</sup>, and R.G. Boutilier<sup>2</sup>

<sup>1</sup>) Dept. of Biology, Dalhousie University, Halifax, N.S. Canada B3H 4J1. <sup>2</sup>) Dept. of Zoology, University of Cambridge, Downing Street, Cambridge, England CB2 3EJ.

Cardiac output ( $Q$ ), heart rate ( $f_H$ ), stroke volume ( $V_S$ ) and dorsal aortic pressure ( $P_{da}$ ) were measured in trout with intact and ablated coronary arteries at rest and following the administration of epinephrine (0.2 - 2.0  $\mu\text{g kg}^{-1}$ ). Coronary ablation had little effect on resting or post-injection cardiovascular parameters at any dose, suggesting that the coronary artery transport of oxygen and catecholamines is not essential for epinephrine-stimulated cardiac performance during normoxia. The relationship between cardiac performance and coronary blood flow (CF) was subsequently examined before and after epinephrine injection (1.0  $\mu\text{g kg}^{-1}$ ) under conditions of normoxia and hypoxia. CF for resting trout was  $0.14 \pm 0.2 \text{ ml min}^{-1} \text{ kg}^{-1}$  (0.85% of  $Q$ ). When exposed to hypoxia, resting  $Q$  and CF increased by 17% and 36%, respectively. Although the capacity of hypoxic trout to increase  $Q$  following epinephrine injection was 50% lower than that in normoxic trout, absolute post-injection  $Q$  was identical because  $Q$  was already elevated with hypoxia. In contrast, the capacity to increase CF following epinephrine injection was the same for normoxic and hypoxic trout. Analysis of the relationship between post-injection coronary resistance,  $P_{da}$ ,  $Q$ , and CF indicates that  $\alpha$ -adrenergic constriction and metabolic vasodilation of the coronary vasculature, and  $P_{da}$  are all important determinants of CF in trout.