## CBSE TEST PAPER-03 CLASS - XI BIOLOGY (Breathing and Exchange of Gases)

## **General Instruction:**

- All questions are compulsory.
- Question No. 1 to 3 carries one marks each. Question No. 4 to 6 carry two marks each. Question No. 7 and 8 carry three marks each. Question No. 9 carry five marks.
- 1. Name the place where actual exchange of gases takes place in insects.
- 2. What is the percentage of  $O_2$  in the inspired & expired air?
- 3. What is the utility of chloride shift?
- 4. What is the difference between carbaminohaemoglobin and oxyhaemoglobin?
- 5. What is functional residual capacity?
- 6. Describe the transport of  $O_2$  and  $CO_2$ ?
- 7. Define oxygen dissociation curve? Why it has a sigmoidal pattern?
- 8. What is the role of carbonic anhydrase? How does it facilitate the transport of CO<sub>2</sub>?
- 9. Explain how our heart muscles get a continuous supply of atmospheric oxygen.

## CBSE TEST PAPER-03 CLASS - XI BIOLOGY (Body fluids and circulation) [ANSWERS]

Ans 01. Tracheoles.

Ans 02. Inspired air has 21%  $O_2$  and expired air has 16%  $O_2$ .

Ans 03. It maintains the ionic balance and electrochemical neutrality.

Ans 04.

	Oxyhaemoglobin	Carbominohaemoglobin
1.	It is formed by the combination of oxygen with the Fe <sup>2+</sup> part of haemoglobin.	It is formed by the combination of carbon dioxide with the amine radical of haemoglobin.
2.	It formation occurs on the alveolar surface.	Its formation occurs in the tissues.

Ans 05. The volume of air that will remain in the lungs after a normal expiration is known as the Functional Residual Capacity ( FRC). It includes ERV+RV.

Ans 06.

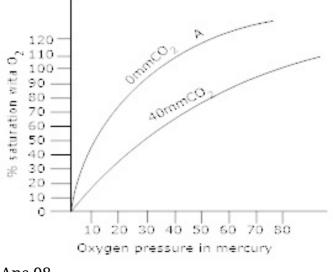
- O<sub>2</sub> is transported as oxyhaemoglobin. In the alveoli of lungs (high pO2, low pCO2, lesser H<sup>+</sup> concentration and lower temperature), these conditions are favourable for the formation of oxyhaemoglobin
- In tissues (low pO2, high pCO2, high H<sup>+</sup> concentration and higher temperature exist) these conditions are favourable for dissociation of oxygen from the oxyhaemoglobin.
- Every 100 ml of oxygenated blood can deliver around 5 ml of O2 to the tissues under normal physiological conditions.
- CO<sub>2</sub> is carried by haemoglobin as carbamino-haemoglobin (about 20-25 per cent). This binding depends on the partial pressure of CO<sub>2</sub>, when pCO<sub>2</sub> is high and pO<sub>2</sub> is low as

in the tissues, more binding of carbon dioxide occurs whereas, when the  $pCO_2$  is low and  $pO_2$  is high as in the alveoli, dissociation of  $CO_2$  from carbamino-haemoglobin takes place.

- Carbonic anhydrase enzyme also facilitates the transport of CO<sub>2</sub> in blood.
- Every 100 ml of deoxygenated blood delivers approximately 4 ml of CO2 to the alveoli.

Ans 07. The relationship between  $O_2$  tension and its absorption by haemoglobin produces a graph called oxygen dissociation curve ( $O_2$  equilibrium curve). At about 100 mm Hg  $O_2$  tension Hb is 98% saturated (complete formation of haemoglobin). As it falls, the saturation of Hb decreases slowly. When  $O_2$  tension is about 40mm Hg, oxyhaemoglobin dissociates and  $O_2$  is available to the tissues.

The O<sub>2</sub> gets bound to Hb in lung surface and it gets dissociated at tissues.





- RBCs contain a very high concentration of the enzyme, carbonic anhydrase and minute quantities of the same is present in the plasma too.
- This enzyme facilitates the following reaction in both directions. At the tissue site where the pCO<sub>2</sub> is high due to catabolism, CO<sub>2</sub> diffuses into blood (RBCs and plasma) and forms HCO<sub>3</sub><sup>-</sup> and H<sup>+</sup>.
- At the alveolar site where pCO<sub>2</sub> is low, the reaction proceeds in the opposite direction leading to the formation of CO<sub>2</sub> and H<sub>2</sub>O.
- Thus, CO<sub>2</sub> trapped as bicarbonate at the tissue level and transported to the alveoli is

released out as CO<sub>2</sub>.

• Every 100 ml of deoxygenated blood delivers approximately 4 ml of CO2 to the alveoli

Ans 09. When inspiration occurs, the  $O_2$  is taken into lungs.  $O_2$  mixes with air already present in alveoli and becomes alveolar air, whose  $PO_2$  is 100 m Hg.

As PO<sub>2</sub> of blood in the vessels is 40 mmHg oxygen differs into blood vessels from alveoli and

the oxyhaemoglobin is formed when oxygen combines loosely with the  $Fe^{++}$  ions of haemoglobin.

Oxygenated blood from the lungs reaches the left auricle through the pulmonary vein; to the left ventricle is pumped at through aorta also.

The branch supplying blood to heart muscles is the coronary artery. In heart muscles, as the  $PO_2$  is lower than that of the blood in the branches of the coronary artery, oxyhaemoglobin dissociates and releases  $O_2$  to cardiac muscles.