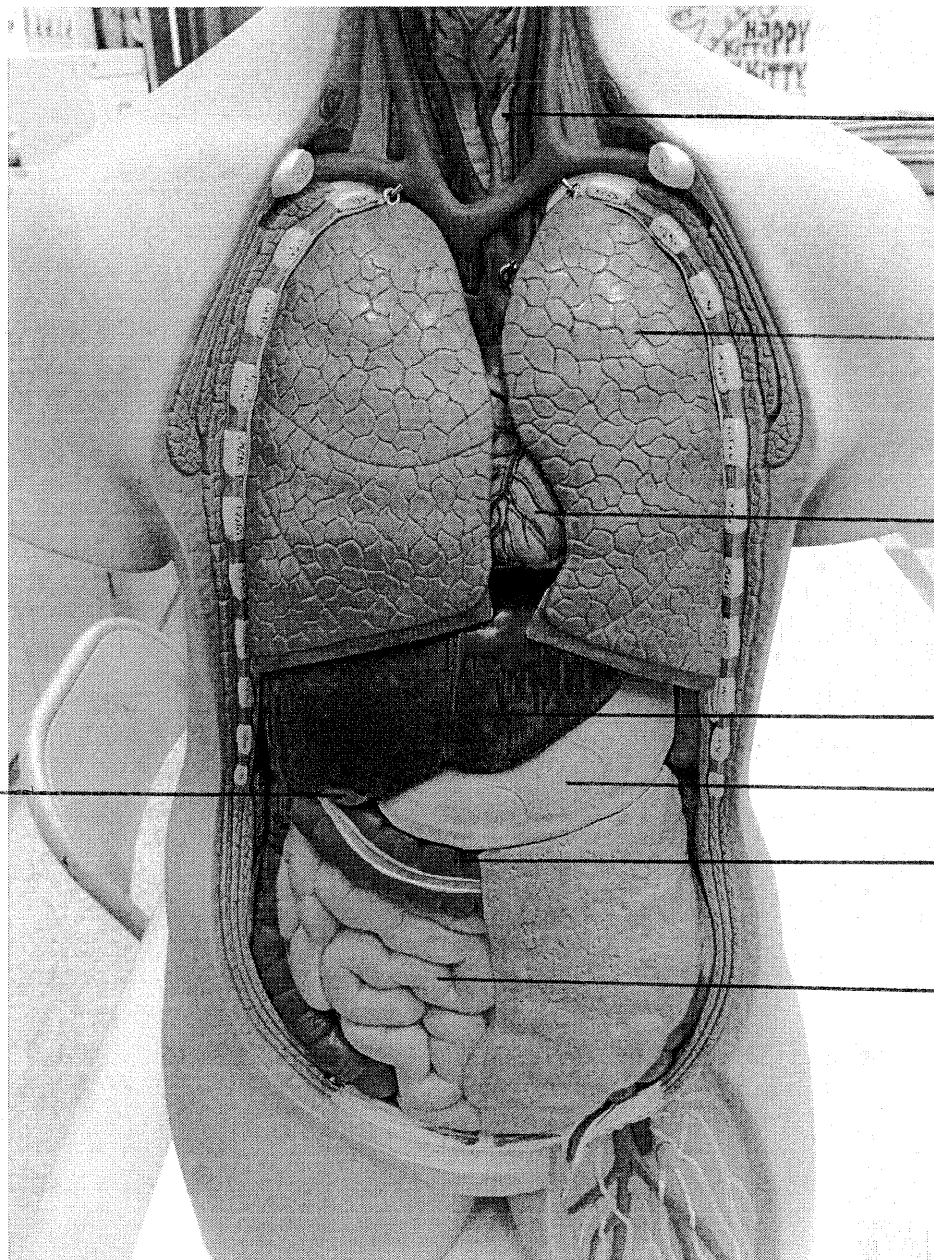


NAME _____

PERIOD _____



TRACHEA

LUNG

HEART

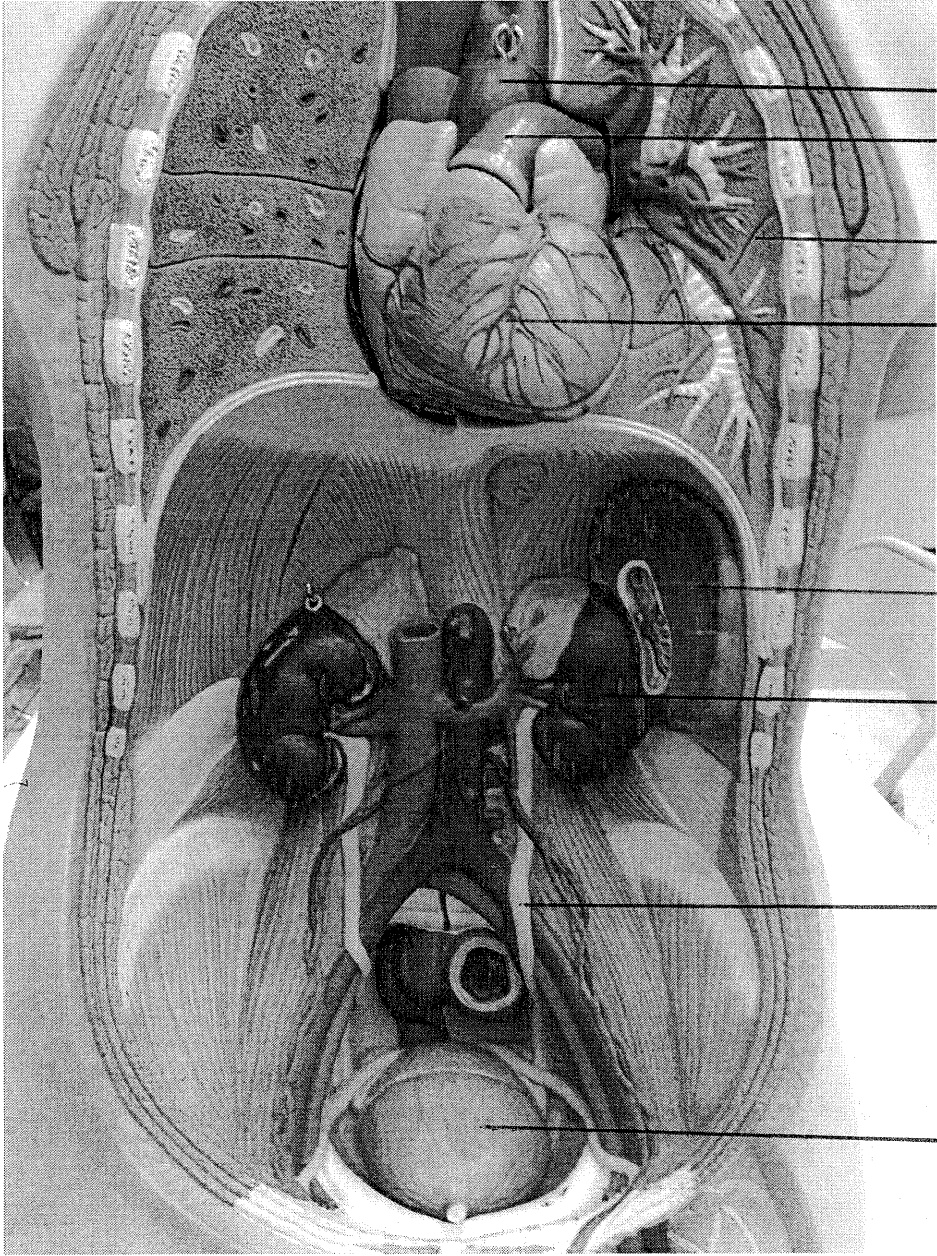
LIVER

STOMACH

LARGE
INTESTINE

SMALL
INTESTINE

GALL
BLADDER



AORTA

PULMONARY TRUNK*

LUNG

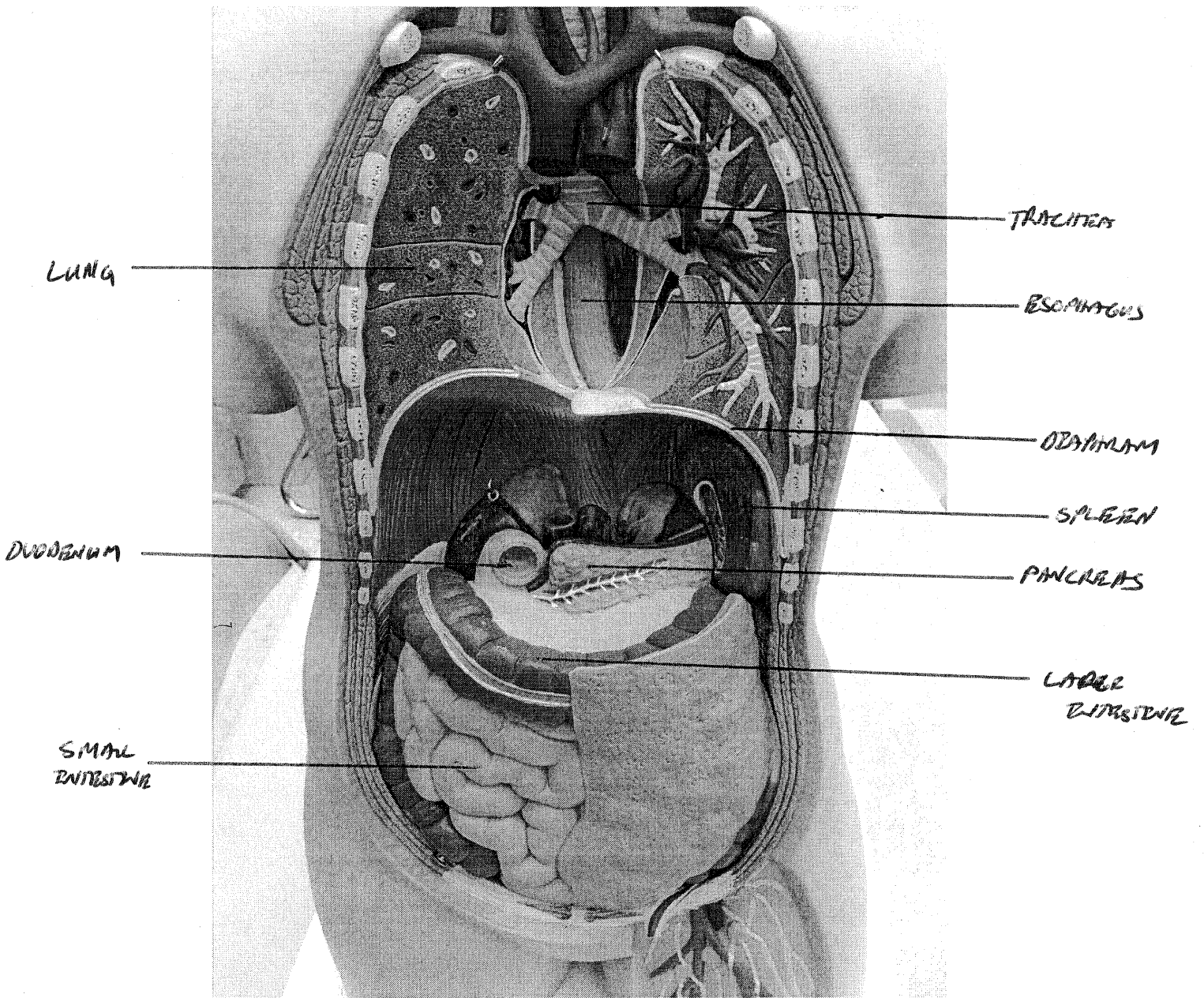
HEART

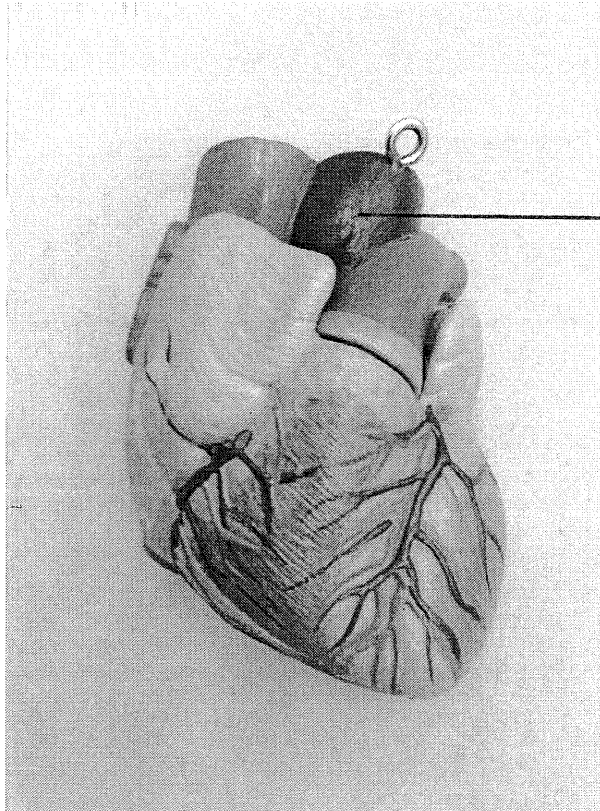
SPLEEN

KIDNEY

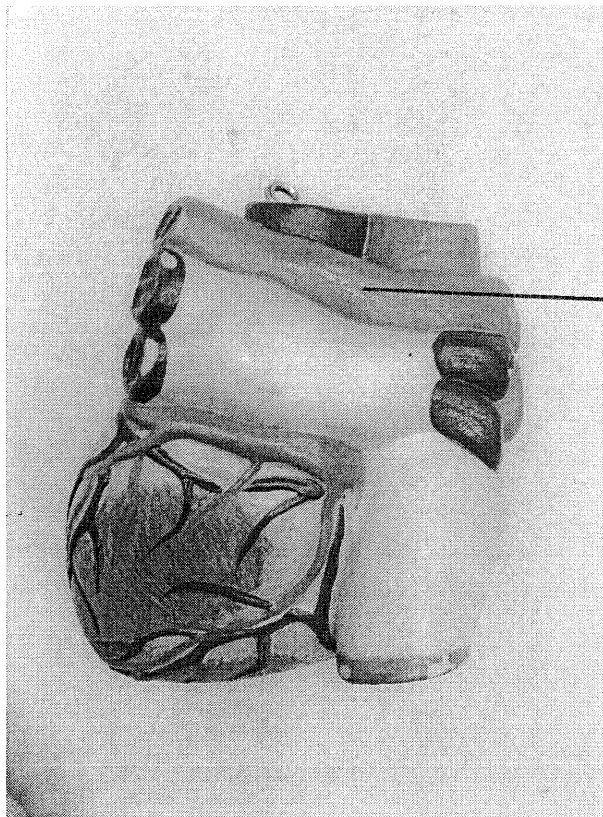
URETER

BLADDER

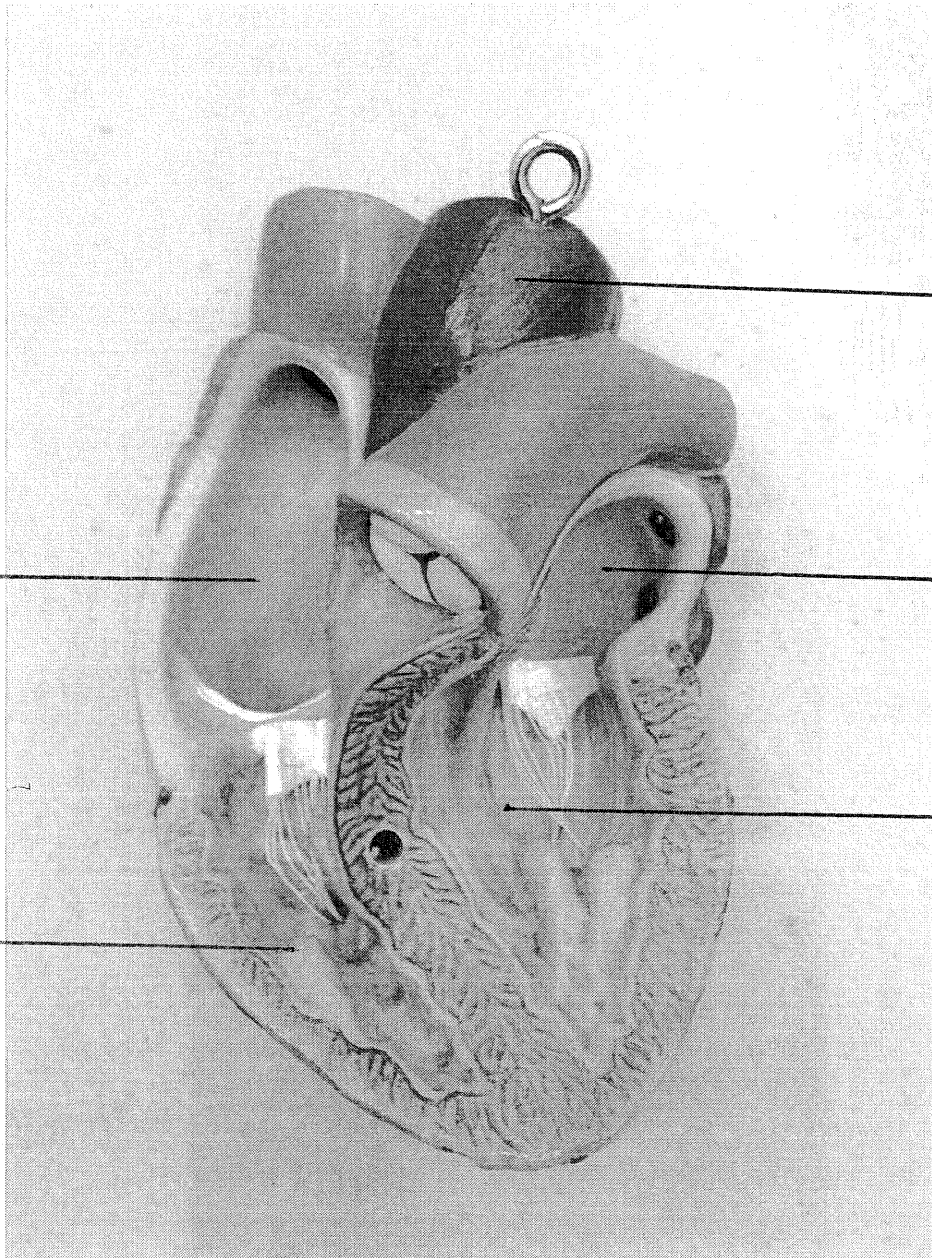




Aorta



PULMONARY
VEIN



AORTA

RIGHT
ATRIUM

LEFT
ATRIUM

RIGHT
VENTRICLE

LEFT
VENTRICLE