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**URINE FORMATION**

There are two kidneys which are bean-shaped and are approximately 10cm long, 5.5cm wide and 3cm thick. Each kidney weighs about 150g and has a marked indentation medially - the hilus - where the renal artery and renal nerves enter and the renal vein and ureter leave. Between them, the kidneys make approximately 30ml or more of urine every hour.

Approximately 25 per cent of the cardiac output goes to the kidneys (McLaren, 1996) where organic waste products are removed in the million or so nephrons (Fig 2) in each kidney. Normal urine production, therefore, depends on normal blood flow to the kidneys. The nephron is the functional unit of the kidney. Nephrons permit the passage of some substances out of the body but restrict the passage of others, for example, blood cells and large proteins.

The kidneys filter unwanted substances from the blood and produce urine to excrete them. There are three main steps of urine formation: glomerular filtration, reabsorption, and secretion. These processes ensure that only waste and excess water are removed from the body.

**1. The Glomerulus Filters Water and Other Substances from the Bloodstream**

Each kidney contains over 1 million tiny structures called nephrons. Each nephron has a glomerulus, the site of blood filtration. The glomerulus is a network of capillaries surrounded by a cuplike structure, the glomerular capsule (or Bowman’s capsule). As blood flows through the glomerulus, blood pressure pushes water and solutes from the capillaries into the capsule through a filtration membrane. This glomerular filtration begins the urine formation process.

**2. The Filtration Membrane Keeps Blood Cells and Large Proteins in the Bloodstream**

**Inside the glomerulus, blood pressure pushes fluid from capillaries into the glomerular capsule through a specialized layer of cells. This layer, the filtration membrane, allows water and small solutes to pass but blocks blood cells and large proteins. Those components remain in the bloodstream. The filtrate (the fluid that has passed through the membrane) flows from the glomerular capsule further into the nephron.**

## ****3. Reabsorption Moves Nutrients and Water Back into the Bloodstream****

The glomerulus filters water and small solutes out of the bloodstream. The resulting filtrate contains waste, but also other substances the body needs: essential ions, glucose, amino acids, and smaller proteins. When the filtrate exits the glomerulus, it flows into a duct in the nephron called the renal tubule. As it moves, the needed substances and some water are reabsorbed through the tube wall into adjacent capillaries. This reabsorption of vital nutrients from the filtrate is the second step in urine creation.

## ****4. Waste Ions and Hydrogen Ions Secreted from the Blood Complete the Formation of Urine****

**The filtrate absorbed in the glomerulus flows through the renal tubule, where nutrients and water are reabsorbed into capillaries. At the same time, waste ions and hydrogen ions pass from the capillaries into the renal tubule. This process is called secretion. The secreted ions combine with the remaining filtrate and become urine. The urine flows out of the nephron tubule into a collecting duct. It passes out of the kidney through the renal pelvis, into the ureter, and down to the bladder.**

**5. Urine Is 95% Water**

The nephrons of the kidneys process blood and create urine through a process of filtration, reabsorption, and secretion. Urine is about 95% water and 5% waste products. Nitrogenous wastes excreted in urine include urea, creatinine, ammonia, and uric acid. Ions such as sodium, potassium, hydrogen, and calcium are also excreted.

**URINE CONCENTRATION**

As already indicated, the [**loop of Henle**](https://www.britannica.com/science/loop-of-Henle) is critical to the ability of the [kidney](https://www.britannica.com/science/kidney) to concentrate [urine](https://www.britannica.com/science/urine). The high concentration of salt in the medullary fluid is believed to be achieved in the loop by a process known as countercurrent exchange multiplication. The principle of this process is [analogous](https://www.merriam-webster.com/dictionary/analogous) to the physical principle applied in the conduction of hot exhaust gases past cold incoming gas so as to warm it and conserve heat. That exchange is a passive one, but in the kidney the countercurrent multiplier system uses energy to “pump” sodium and chloride out of the ascending limb of the loop into the medullary fluid. From there it enters (by diffusion) the filtrate (isotonic with plasma) that is entering the descending limb from the proximal tubule, thus raising its concentration a little above that of plasma. As this luminal fluid in turn reaches the ascending limb, and subsequently the distal tubule, it in turn provides more sodium to be pumped out into the surrounding fluid or blood, if necessary, and transported (by diffusion) back into the descending limb; this concentrating process continues until the osmotic pressure of the fluid is sufficient to balance the resorptive power of the collecting ducts in the medulla, through which all of the final urine must pass. This resorptive capacity in the ducts is regulated by [**antidiuretic hormone**](https://www.britannica.com/science/vasopressin) (ADH), which is secreted by the hypothalamus and stored in the posterior [**pituitary gland**](https://www.britannica.com/science/pituitary-gland) at the base of the brain. In the presence of ADH, the medullary collecting ducts become freely permeable to solute and water. As a consequence, the fluid entering the ducts (en route to the [**renal pelvis**](https://www.britannica.com/science/renal-pelvis) and subsequent elimination) acquires the concentration of the interstitial fluid of the medulla; i.e., the urine becomes concentrated.

On the other hand, in the absence of ADH, the collecting ducts are impermeable to solute and water, and, thus, the fluid in the lumen, from which some solute has been removed, remains less concentrated than plasma; i.e., the urine is dilute.