

Name: Onyeigwe God'speace Chimezuru

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Department: Nursing 200 lvl.

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The formation and concentration of urine

Formation of urine

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.

Concentration of urine

When the glomerular filtrate passes through renal tubule, its osmolarity is altered in different segments .

1. BOWMAN CAPSULE

Glomerular filtrate collected at the Bowman capsule is isotonic to plasma. This is because it contains all the substances of plasma except proteins. Osmolarity of the filtrate at Bowman capsule is 300 mOsm/L.

2. PROXIMAL CONVOLUTED TUBULE

When the filtrate flows through proximal convoluted tubule, there is active reabsorption of sodium and chloride followed by obligatory reabsorption of water. So, the osmolarity of fluid remains the same as in the case of Bowman capsule, i.e. 300 mOsm/L. Thus, in proximal convoluted tubules, the fluid is isotonic to plasma.

3. THICK DESCENDING SEGMENT

When the fluid passes from proximal convoluted tubule into the thick descending segment, water is reabsorbed from tubule into outer medullary interstitium by means of osmosis. It is due to the increased osmolarity in the medullary interstitium, i.e. outside the thick descending tubule. The osmolarity of the fluid inside this segment is between 450 and 600 mOsm/L. That means the fluid is slightly hypertonic to plasma.

4. THIN DESCENDING SEGMENT OF HENLE LOOP

As the thin descending segment of Henle loop passes through the inner medullary interstitium (which is increasingly hypertonic) more water is reabsorbed. This segment is highly permeable to water and so the osmolarity of tubular fluid becomes

equal to that of the surrounding medullary interstitium. In the short loops of cortical nephrons, the osmolarity of fluid at the hairpin bend of loop becomes 600 mOsm/L. And, in the long loops of juxtamedullary nephrons, at the hairpin bend, the osmolarity is 1,200 mOsm/L. Thus in this segment the fluid is hypertonic to plasma.

5. THIN ASCENDING SEGMENT OF HENLE LOOP

When the thin ascending segment of the loop ascends upwards through the medullary region, osmolarity decreases gradually. Due to concentration gradient, sodium chloride diffuses out of tubular fluid and osmolarity decreases to 400 mOsm/L. The fluid in this segment is slightly hypertonic to plasma.

6. THICK ASCENDING SEGMENT*This segment is impermeable to water. But there is active reabsorption of sodium and chloride from this. Reabsorption of sodium decreases the osmolarity of tubular fluid to a greater extent. The osmolarity is between 150 and 200 mOsm/L. The fluid inside becomes hypotonic to plasma.*

7. DISTAL CONVOLUTED TUBULE AND COLLECTING DUCT*In the presence of ADH, distal convoluted tubule and collecting duct become permeable to water resulting in water reabsorption and final concentration of urine. It is found that in the collecting duct, Principal (P) cells are responsible for ADH induced water reabsorption. Reabsorption of large quantity of water increases the osmolarity to 1,200 mOsm/L.*

The urine becomes hypertonic to plasma.