

Name: Akeredolu blessing anuoluwa

Matric no:18/MHS02/027

Department: Nursing

Course code:PHS212

Question

Explain urine formation and concentration

Urine is a waste byproduct formed from excess water and metabolic waste molecules during the process of renal system filtration. The primary function of the renal system is to regulate blood volume and plasma osmolarity, and waste removal via urine is essentially a convenient way that the body performs many functions using one process.

Urine formation occurs during three processes:

- Filtration
- Reabsorption
- Secretion
- Filtration

During filtration, blood enters the afferent arteriole and flows into the glomerulus where filterable blood components, such as water and nitrogenous waste, will move towards the inside of the glomerulus, and nonfilterable components, such as cells and serum albumins, will exit via the efferent arteriole. These filterable components accumulate in the glomerulus to form the glomerular filtrate.

Normally, about 20% of the total blood pumped by the heart each minute will enter the kidneys to undergo filtration; this is called the filtration fraction. The remaining 80% of the blood flows through the rest of the body to facilitate tissue perfusion and gas exchange.

Reabsorption

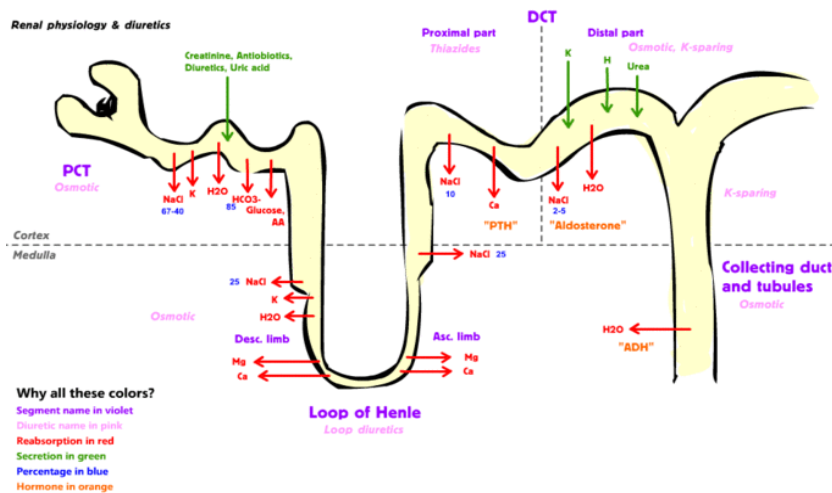
The next step is reabsorption, during which molecules and ions will be reabsorbed into the circulatory system. The fluid passes through the components of the nephron (the proximal/distal convoluted tubules, loop of Henle, the collecting duct) as water and ions are removed as the fluid osmolarity (ion concentration) changes. In the collecting duct, secretion will occur before the fluid leaves the ureter in the form of urine.

Secretion

During secretion some substances—such as hydrogen ions, creatinine, and drugs—will be removed from the blood through the peritubular capillary network into the collecting duct. The end product of all these processes is urine, which is essentially a collection of substances that has not been reabsorbed during glomerular filtration or tubular reabsorption.

Urine is mainly composed of water that has not been reabsorbed, which is the way in which the body lowers blood volume, by increasing the amount of water that becomes urine instead of becoming reabsorbed. The other main component of urine is urea, a highly soluble molecule composed of ammonia and carbon dioxide, and provides a way for nitrogen (found in ammonia) to be removed from the body. Urine also contains many salts and other waste components. Red blood cells and sugar are not normally

found in urine but may indicate glomerulus injury and diabetes mellitus respectively.



This illustration demonstrates the physiology of a normal kidney, showing where some types of diuretics act, and what they do. For instance, loop diuretics work in the loop of Henle and osmotic diuretics work in the collecting duct and tubule.

The concentration of urine

As already indicated, the loop of Henle is critical to the ability of the kidney to concentrate 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 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 (ADH), which is secreted by the hypothalamus and stored in the posterior 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 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.

The secretion of ADH by the hypothalamus and its release from the posterior pituitary is part of a feedback mechanism responsive to the tonicity of plasma. This interrelation between plasma osmotic pressure and ADH output is mediated by specific and sensitive receptors at the base of the brain. These receptors are particularly sensitive to sodium and chloride ions. At normal blood tonicity there is a steady receptor discharge and a steady secretion of ADH. If the plasma becomes hypertonic (i.e., has a greater osmotic pressure than normal), either from the ingestion of

crystalloids such as common salt, or from shortage of water, receptor discharge increases, triggering increased ADH output, and more water leaves the collecting ducts to be absorbed into the blood. If the osmotic pressure of plasma becomes low, the reverse is the case. Thus water ingestion dilutes body fluids and reduces or stops ADH secretion; the urine becomes hypotonic, and the extra water is excreted in the urine.

The situation is complex because there are also receptors sensitive to changes in blood volume that reflexively inhibit ADH output if there is any tendency to excessive blood volume. Exercise increases ADH output and reduces urinary flow. The same result may follow emotional disturbance, fainting, pain, and injury, or the use of certain drugs such as morphine or nicotine. Diuresis is an increased flow of urine produced as the result of increased fluid intake, absence of hormonal activity, or the taking of certain drugs that reduce sodium and water reabsorption from the tubules. If ADH secretion is inhibited by the drinking of excess water, or by disease or the presence of a tumour affecting the base of the brain, water diuresis results; and the rate of urine formation will approach the rate of 16 millilitres per minute filtered at the glomeruli. In certain disorders of the pituitary in which ADH secretion is diminished or absent—e.g., diabetes insipidus—there may be a fixed and irreversible output of a large quantity of dilute urine.