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URINE FORMATION

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

Blood flow through the glomerulus as part of filtration. 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.

URINE CONCENTRATION

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.