NAME: AJANI AMINAT PRECIOUS DEPARTMENT: NURSING SCIENCE MATRIC NUMBER: 18/MHS02/025 QUESTION: Write a short note on the characteristics (and components) of urine Urine is a sterile waste product composed of water soluble nitrogen products. Physical characteristics that can be applied to urine include color, turbidity (transparency), smell (odor), pH (acidity – alkalinity) and density. Many of these characteristics are notable and identifiable by by vision alone, but some require laboratory testing.

Color: Typically yellow-amber, but varies according to recent diet and the concentration of the urine. Drinking more water generally tends to reduce the concentration of urine, and therefore causes it to have a lighter color. Dark urine may indicate dehydration. Red urine indicates red blood cells within the urine, a sign of kidney damage and disease.

Smell: The smell of urine may provide health information. For example, urine of diabetics may have a sweet or fruity odor due to the presence of ketones (organic molecules of a particular structure) or glucose. Generally fresh urine has a mild smell but aged urine has a stronger odor similar to that of ammonia.

The pH of normal urine is generally in the range 4.6 - 8, with a typical average being around 6.0. Much of the variation occurs due to diet. For example, high protein diets result in more acidic urine, but vegetarian diets generally result in more alkaline urine (both within the typical range of 4.6 - 8).

Density: Density is also known as "specific gravity." This is the ratio of the weight of a volume of a substance compared with the weight of the same volume of distilled water. The density of normal urine ranges from 0.001 to 0.035.

Turbidity: The turbidity of the urine sample is gauged subjectively and reported as clear, slightly cloudy, cloudy, opaque or flocculent. Normally, fresh urine is either clear or very slightly cloudy. Excess turbidity results from the presence of suspended particles in the urine, the cause of which can usually be determined by the results of the microscopic urine sediment examination. Common causes of abnormal turbidity include: increased cells, urinary tract infections or obstructions.

Abnormalities in any of these of physical characteristics may indicate disease or metabolic imbalances. These problems may seem superficial or minor on their own, but can actually be the symptoms for more serious diseases, such as diabetes mellitus, or a damaged glomerulus. Normal urine consists of water, urea, salts, and pigments.

Urine is an aqueous solution of greater than 95% water, with a minimum of these remaining constituents, in order of decreasing concentration:

Urea 9.3 g/L. Chloride 1.87 g/L. Sodium 1.17 g/L. Potassium 0.750 g/L. Creatinine 0.670 g/L.

Other dissolved ions, inorganic and organic compounds (proteins, hormones, metabolites).

Urine is sterile until it reaches the urethra, where epithelial cells lining the urethra are colonized by facultatively anaerobic gram-negative rods and cocci. Urea is essentially a processed form of ammonia that is non-toxic to mammals, unlike ammonia, which can be highly toxic. It is processed from ammonia and carbon dioxide in the liver. There are several conditions that can cause abnormal components to be excreted in urine or present as abnormal characteristics of urine. They are mostly referred to by the suffix -uria. Some of the more common types of abnormal urine include:

Proteinuria—Protein content in urine, often due to leaky or damaged glomeruli.

Oliguria—An abnormally small amount of urine, often due to shock or kidney damage.

Polyuria—An abnormally large amount of urine, often caused by diabetes.

Dysuria—Painful or uncomfortable urination, often from urinary tract infections.

Hematuria—Red blood cells in urine, from infection or injury.

Glycosuria— Glucose in urine, due to excess plasma glucose in diabetes, beyond the amount able to be reabsorbed in the proximal convoluted tubule.