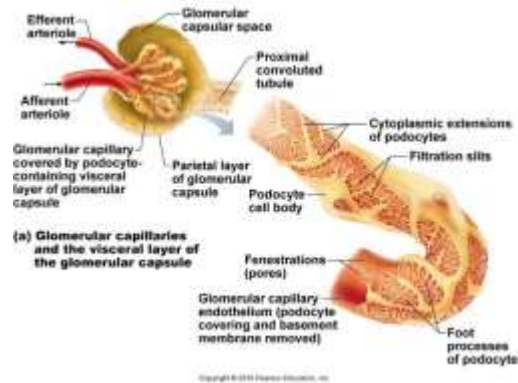


# URINE FILTRATION

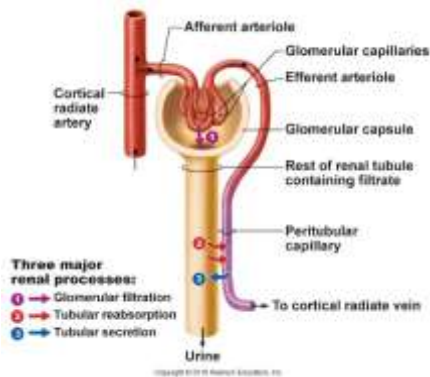
EQ: How do you keep what you need but get rid of your waste?

## I. Non-Selective Filtration

- a. Glomerular (blood) hydrostatic pressure ( $HP_g = 55 \text{ mm Hg}$ )
- b. Blood colloid osmotic pressure ( $OP_g = 30 \text{ mm Hg}$ )
- c. Capsular hydrostatic pressure ( $HP_c = 15 \text{ mm Hg}$ )
- d. Filtration Membrane



- i.
- e. Renal Physiology

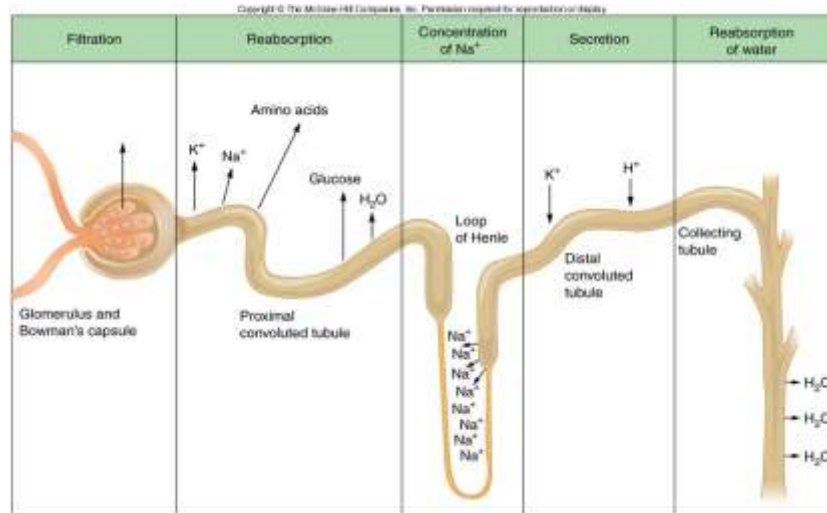


## II. Tubular Reabsorption

- a. Proximal convoluted tubule
  - i. 65% of filtrate volume reabsorbed
  - ii.  $\text{Na}^+$ , glucose, amino acids, and other nutrients actively transported;  $\text{H}_2\text{O}$  and many ions follow passively
  - iii.  $\text{H}^+$  and  $\text{NH}_4^+$  secretion and  $\text{HCO}_3^-$  reabsorption to maintain blood pH
  - iv. Some drugs are secreted
  - v. Tubular Reabsorption at the PCT
    1. Glucose, lactate, amino acids and vitamins – 100%
    2. Bicarbonate ions ( $\text{HCO}_3^-$ ) – 90%
    3. Water and sodium ions – 65%
    4. Potassium ions – 55%
    5. Chloride ions – 50%
- b. Descending limb of loop of Henle
  - i. Freely permeable to  $\text{H}_2\text{O}$
  - ii. Not permeable to  $\text{NaCl}$
  - iii. Filtrate becomes increasingly concentrated as  $\text{H}_2\text{O}$  leaves by osmosis
- c. Ascending limb of loop of Henle
  - i. Impermeable to  $\text{H}_2\text{O}$
  - ii. Permeable to  $\text{NaCl}$

- iii. Filtrate becomes increasingly dilute as salt is reabsorbed
- iv. Countercurrent Mechanism
- v. Tubular Reabsorption at the Loop
  - 1. Chloride – 35%
  - 2. Potassium – 30%
  - 3. Sodium ions – 25%
  - 4. Water – 10%
- d. Distal convoluted tubule
  - i.  $\text{Na}^+$  reabsorption regulated by aldosterone
  - ii.  $\text{Ca}^{2+}$  reabsorption regulated by parathyroid hormone (PTH)
  - iii.  $\text{Cl}^-$  cotransported with  $\text{Na}^+$
  - iv. Tubular Reabsorption at the DCT
    - 1. Water – 25%
    - 2. Chloride – 10%
    - 3. Sodium ions – 10%
- e. Collecting duct
  - i.  $\text{H}_2\text{O}$  reabsorption through aquaporins regulated by ADH
  - ii.  $\text{Na}^+$  reabsorption and  $\text{K}^+$  secretion regulated by aldosterone
  - iii.  $\text{H}^+$  and  $\text{HCO}_3^-$  reabsorption or secretion to maintain blood pH
  - iv. Urea reabsorption increased by ADH

### III. Tubular Secretion



a.

### IV. Urine Formation

- a. Urine composition
  - i. 90-95% water
  - ii. Solutes constitute the other 5%
    - 1. Metabolic wastes (urea, uric acid, and creatinine)
    - 2. Ions ( $\text{Na}^+$ ,  $\text{K}^+$ ,  $\text{PO}_4^{3-}$ ,  $\text{SO}_4^{2-}$ ,  $\text{Ca}^{2+}$ ,  $\text{Mg}^{2+}$ )
    - 3. Toxins and pigments (urochrome)
    - 4. Hormones
- b. Urine characteristics
  - i. Yellow in color
  - ii. Slightly aromatic or ammonia odor
  - iii. pH slightly acidic (can vary from 4.5 to 8.0)
  - iv. Specific gravity 1.001 to 1.035