# Functional morphology of kidneys Clearance

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This presentation includes only the most important terms and facts. Its content by itself is not a sufficient source of information required to pass the Physiology exam.

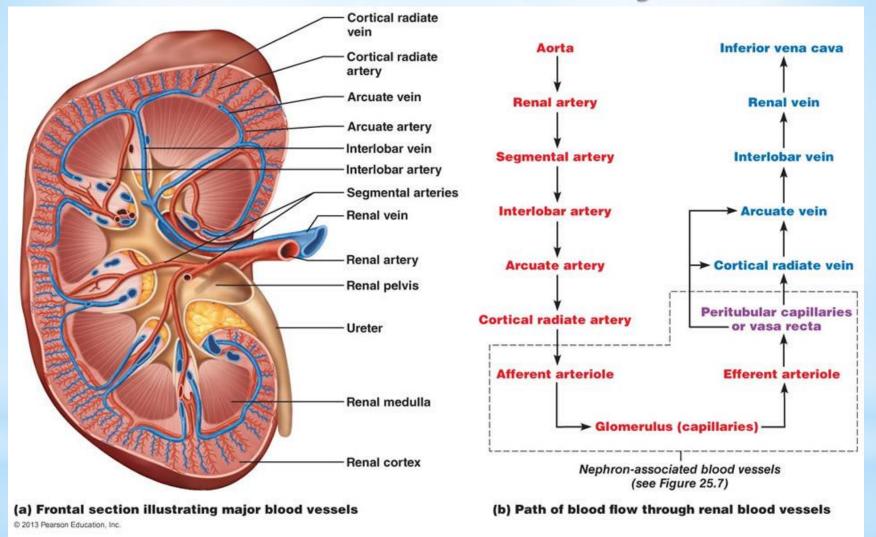


### **Renal Functions**

- Excretion of Waste Products and Toxins
- Control of Volume and Composition of Body Fluids, Osmolality
- Regulation of Acid-Base Balance
- Regulation of Blood Pressure
- Secretion, Metabolism and Excretion of Hormones
- Glukoneogenesis

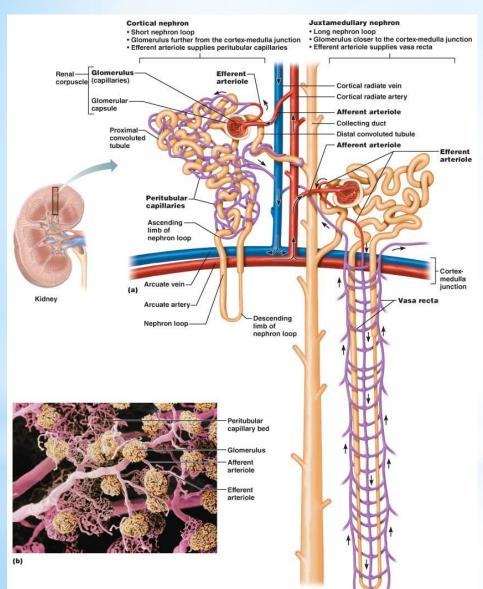


# Structure of Kidney





# **Structure of Kidney**

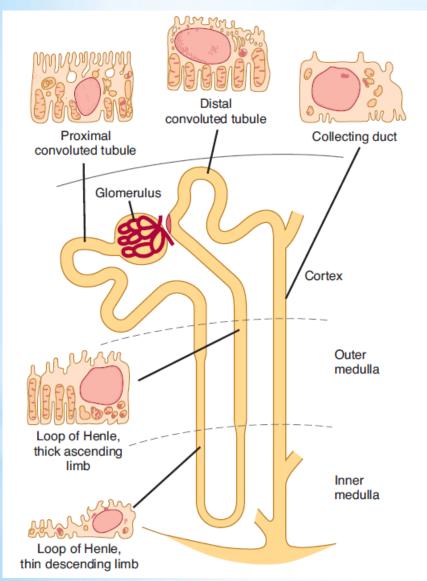


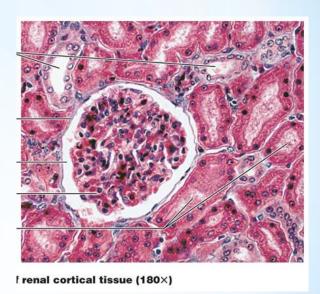


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# Structure of Nephron

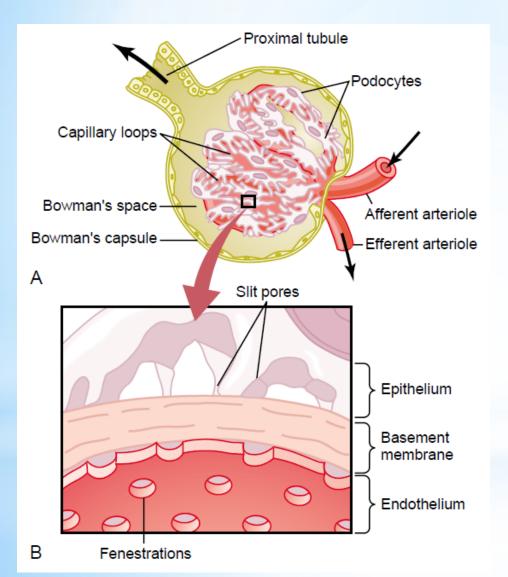


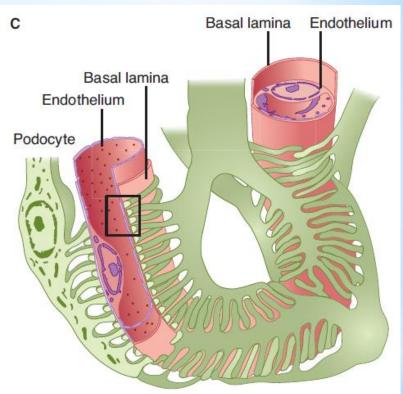




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# Structure of Nephron - Glomerulus

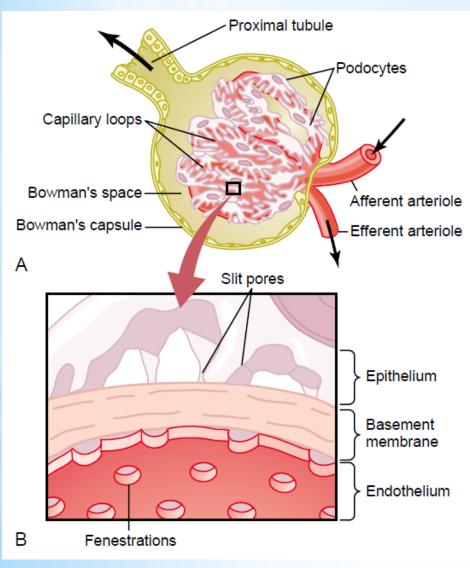




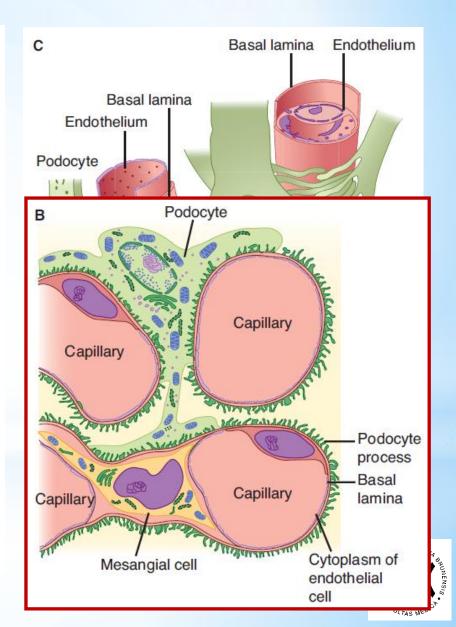
mesangial cells



# Structure of Nephron - Glomerulus

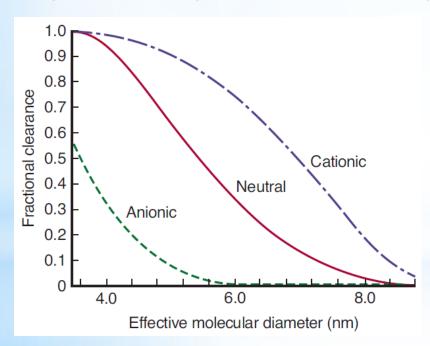


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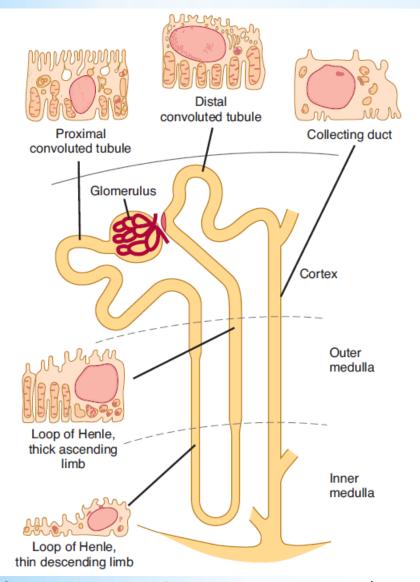
# **Structure of Nephron - Glomerulus**

- High filtration rate in glomeruli provided by high permeability of glomerular membrane
- Protein passage barrier negative charge of all layers of glomerular membrane



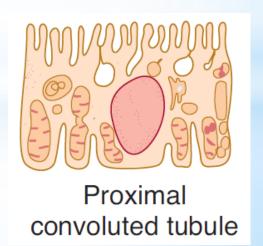
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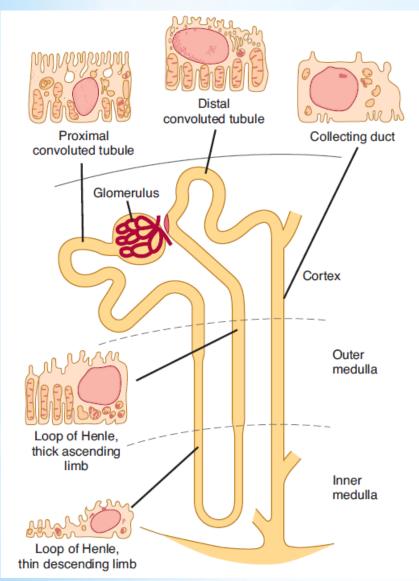


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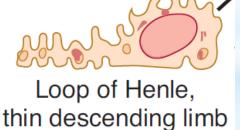
- glomerulus
- proximal convoluted tubule

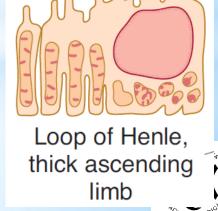




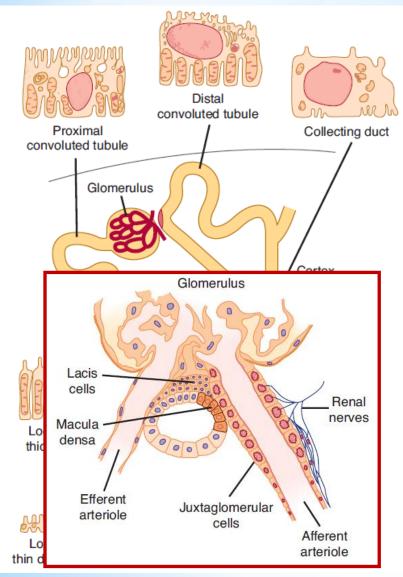


- glomerulus
- proximal convoluted tubule
- loop of Henle



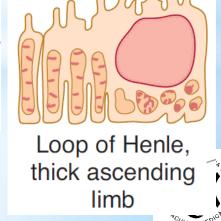


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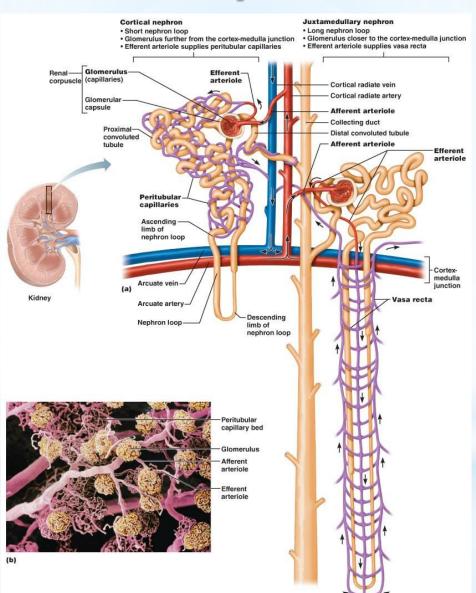


- glomerulus
- proximal convoluted tubule
- loop of Henle



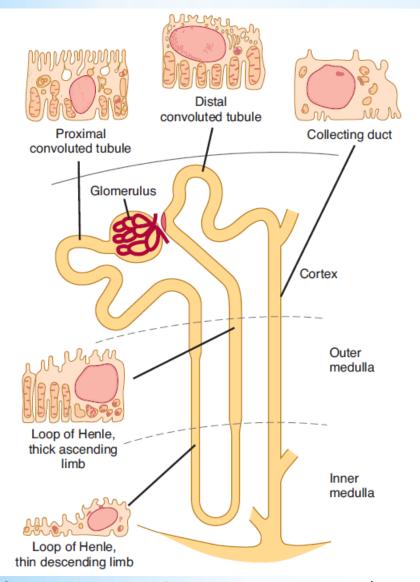


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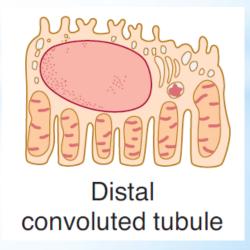
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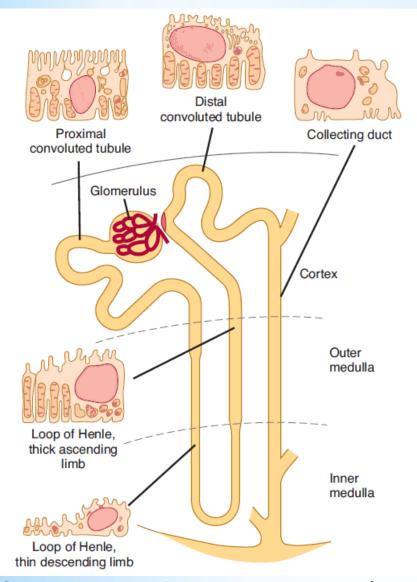


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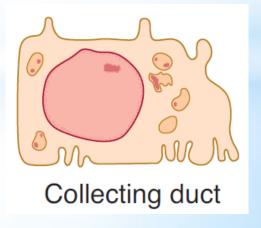
- > glomerulus
- proximal convoluted tubule
- loop of Henle
- distal convoluted tubule







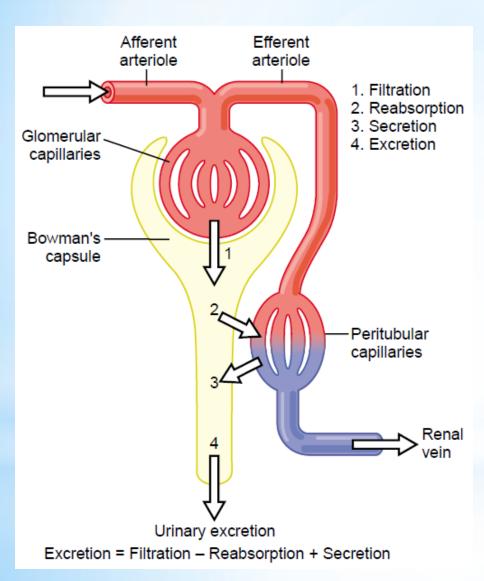
- > glomerulus
- proximal convoluted tubule
- loop of Henle
- distal convoluted tubule
- > collecting duct





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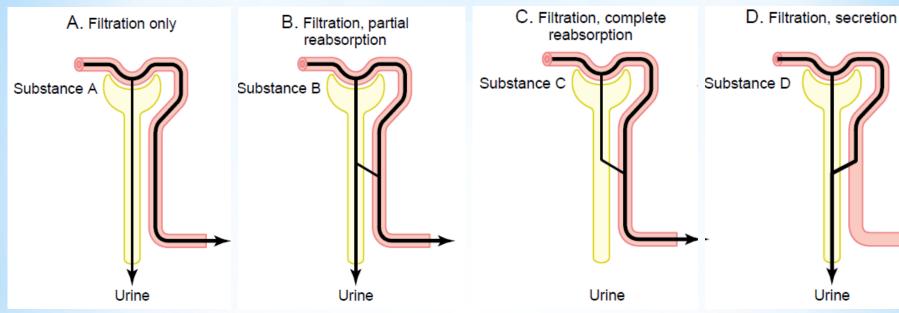
### **Urine Formation**



- 1) Glomerular filtration
- 2) Tubular reabsorption
- 3) Tubular secretion
- 4) Urine excretion



### **Urine Formation**



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- creatinine
- other waste products
- electrolytes

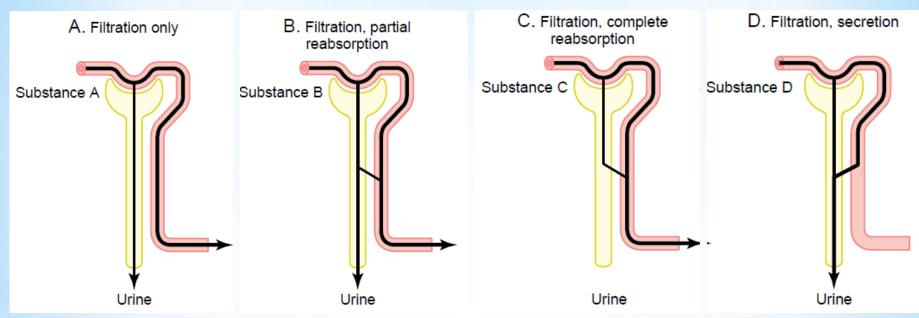
amino acids

glucose

- PAH
- toxins
- organic base and acids



### **Urine Formation**



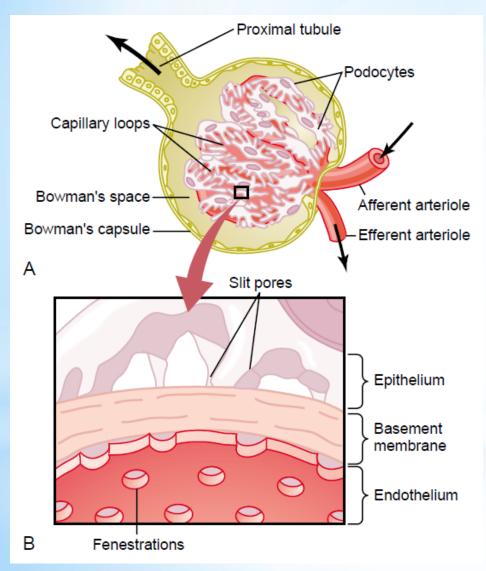
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- creatinine
- other waste products

	Concentration in		
Substance	Urine (U)	Plasma (P)	U/P Ratio
Glucose (mg/dL)	0	100	0
Na <sup>+</sup> (mEq/L)	90	140	0.6
Urea (mg/dL)	900	15	60
Creatinine (mg/dL)	150	1	150

- PAH
- toxins
- organic base and acids

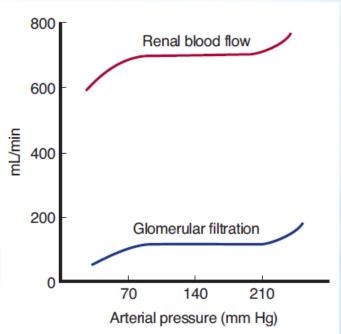




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GFR = 125 ml/min = 180 l/day

FF = 0.2 20% of plasma filtered!



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Glomerular filtration rate (GFR) depends on:

- 1) Capillary filtration coefficient  $K_f$  (permeability and area of glomerular membrane; mesangial cells)
- 2) Balance of hydrostatic and coloid osmotic forces

GFR = 
$$K_f$$
 · net filtration pressure



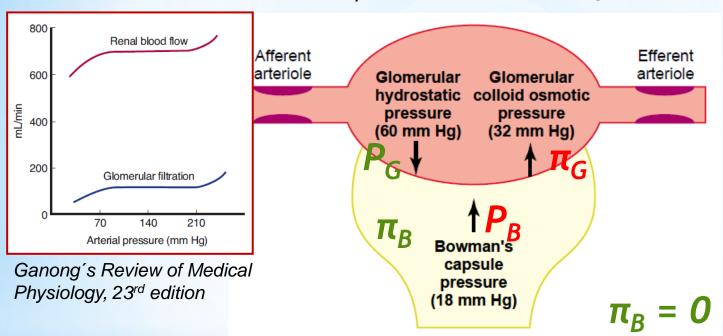
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GFR =  $K_f$  · net filtration pressure



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### Under physiological conditions:

net filtration pressure = 
$$P_G + \pi_B - P_B - \pi_G = 60 + 0 - 18 - 32 = 10$$
 mmHg

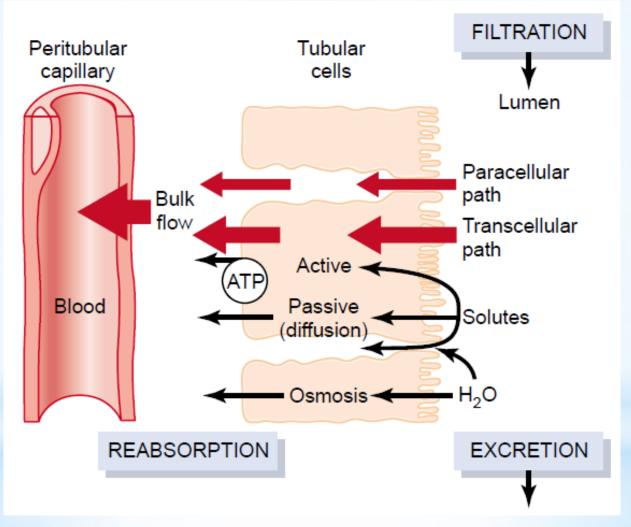
$$GFR = K_f \cdot (P_G + \pi_B - P_B - \pi_G)$$



### Vas afferens, vas efferens

- input and output of high-pressure glomerular capillary net
- glomerular blood flow =  $\frac{P_{v.a.} P_{v.e.}}{R_{v.a.} + R_{v.e.} + R_{g.k.}}$
- ↑ resistance of vas aff. or vas eff. → ↓ renal blood flow (if the arterial pressure is stable)
- control the glomerular filtration pressure:

constriction of *vas aff*.  $\rightarrow \downarrow$  glomerular pressure  $\rightarrow \downarrow$  filtration constriction of *vas eff*.  $\rightarrow \uparrow$  glomerular pressure  $\rightarrow \uparrow$  filtration







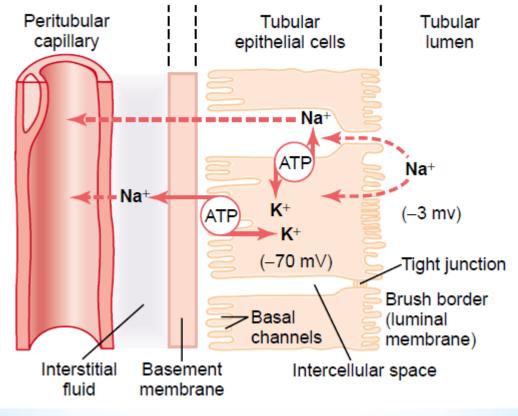
### Active Transport Mechanisms

- 1) Primary active transport
- 2) Secondary active transport
- 3) Pinocytosis (big molecules, e.g. proteins, namely in the proximal tubule)



### Active Transport Mechanisms

1) Primary active transport



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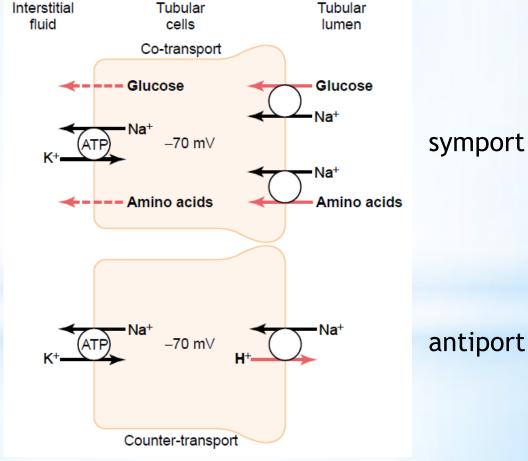
### Active Transport Mechanisms

- 1) Primary active transport
  - Na+/K+ ATPase
  - H+ ATPase
  - Ca<sup>2+</sup> ATPase



### Active Transport Mechanisms

2) Secondary active transport



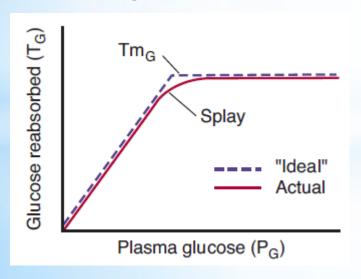


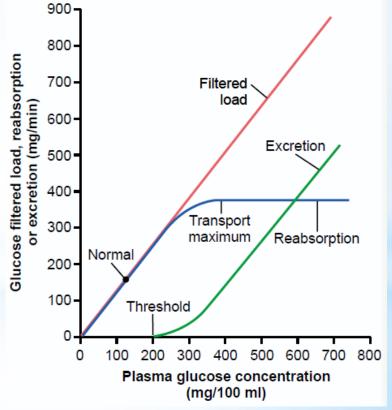


### Active Transport Mechanisms

Substances using active transport show the so called transport maximum (given by saturation of the transporter).

for example glucose transport maximum: ~320 mg/min









### Active Transport Mechanisms

Substances using active transport show the so called transport maximum (given by saturation of the transporter).

### reabsorption

Substance	Transport Maximum
Glucose Phosphate	375 mg/min 0.10 mM/min
Sulfate	0.06 mM/min
Amino acids Urate	1.5 mM/min 15 mg/min
Lactate	75 mg/min
Plasma protein	30 mg/min

### secretion

Substance	Transport Maximum
Creatinine	16 mg/min
Para-aminohippuric acid	80 mg/min



### Active Transport Mechanisms

Substances using active transport without the transport maximum (the gradient-time transport).

reabsorption of Na<sup>+</sup> in the proximal tubule



The higher concentration of Na<sup>+</sup> in the proximal tubule, the higher velocity of its reabsorption.

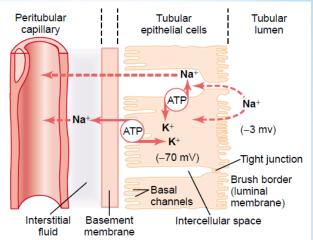
The slower flow of fluid in the proximal tubule, the more Na<sup>+</sup> is reabsorphed.

In the distal parts of tubule, Na+ reabsorption shows the transport maximum (non-leaky tight junctions, smaller transport) – may be increased, e.g. by aldosteron.



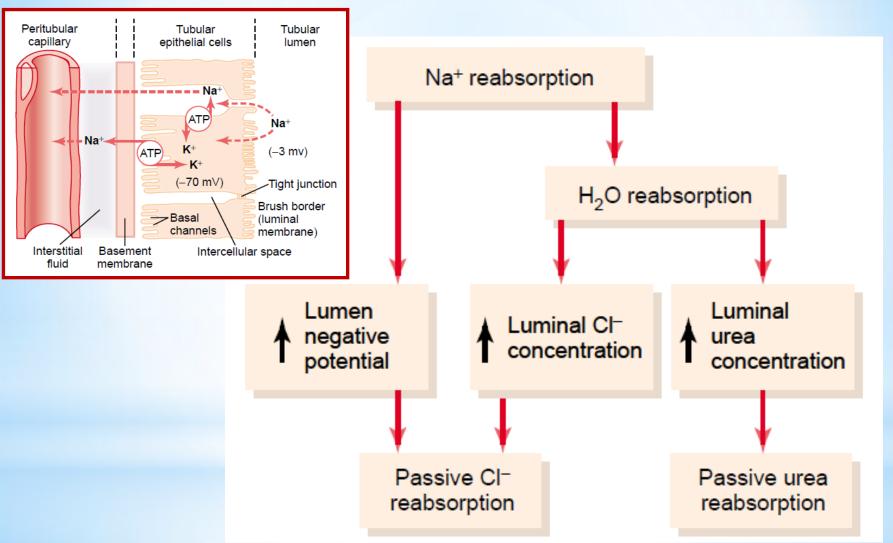
### Active Transport Mecha

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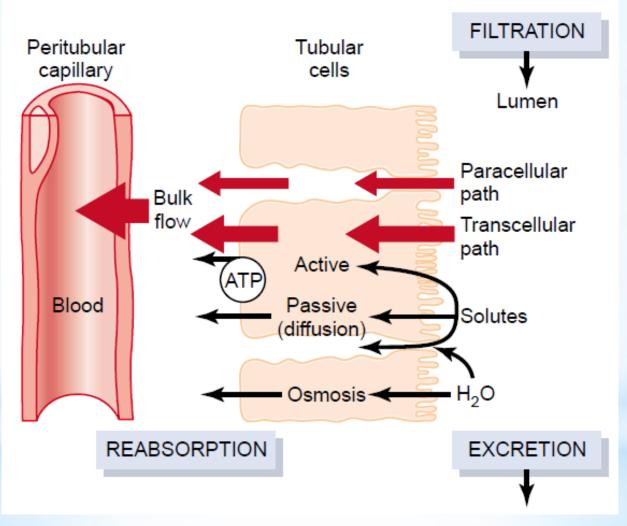


### Passive Transport Mechanisms

- 1) Reabsorption of H<sub>2</sub>O by osmosis
  - in the proximal tubule (highly permeable for H<sub>2</sub>O)
  - active reabsorption of solutes → lumen-intersticium concentration gradient → H<sub>2</sub>O osmosis into intersticium
- 2) Reabsorption of solutes by diffusion
  - Cl<sup>-</sup> (Na<sup>+</sup> into intersticium, reabsorption of H<sub>2</sub>O by osmosis)
  - urea (reabsorption of H<sub>2</sub>O by osmosis)











Physical Forces in Peritubular Capillaries and in Renal Intersticium

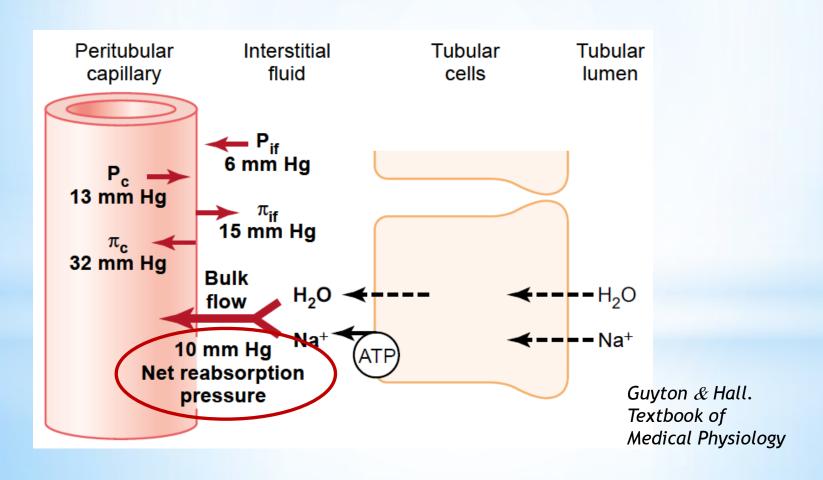
 tubular reabsorption is controlled by hydrostatic and coloid osmotic forces (similary to GFR)

GFR = 
$$K_f$$
 · net filtration pressure

TRR = 
$$K_f$$
 · net reabsorptive force



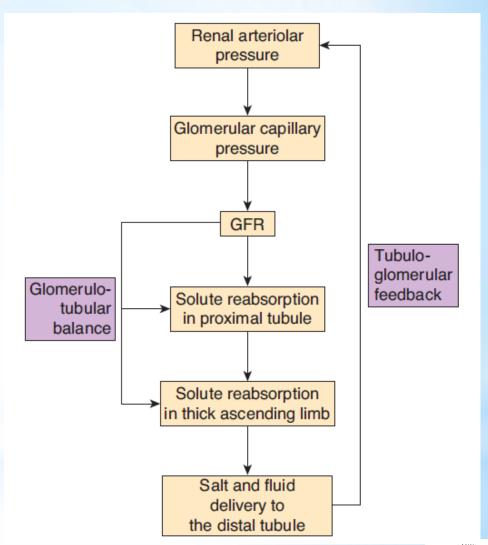
# Physical Forces in Peritubular Capillaries and in Renal Intersticium





Tubuloglomerular feedback

Glomerulotubular balance



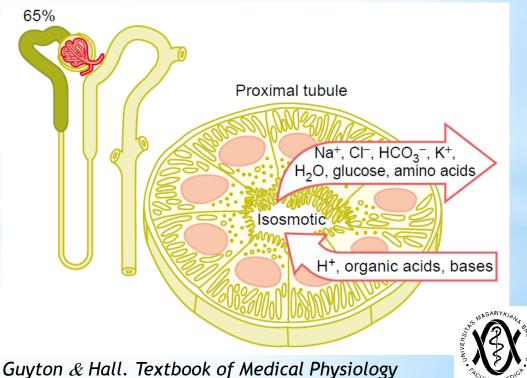
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#### **Proximal Tubule**

- complete reabsorption of substances playing key roles for the organism (glucose, amino acids)
- 2) partial reabsorption of substances important for the organism (ions Na+, K+, Cl-, etc.)
- 3) reabsorption of water
- 4) secretion of H<sup>+</sup>
- 5) reabsorption of HCO<sub>3</sub>

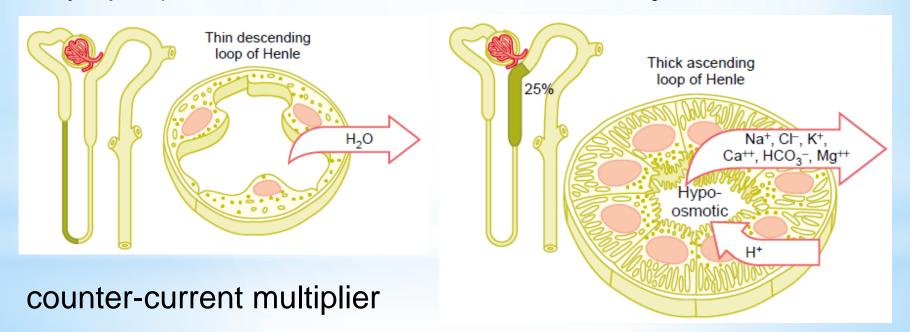
#### Result:

isoosmotic fluid, notably decreased volume



#### Loop of Henle

- 1) thin descending part passive reabsorption of water (osmosis)
- 2) thick ascending part active reabsorption of ions (Na+/K+/2Cl-symport), secretion of H<sup>+</sup>, reabsorption of HCO<sub>3</sub>-

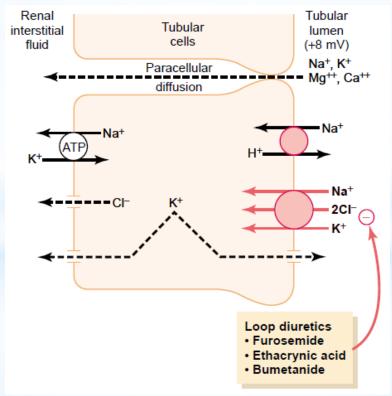


Result: hypotonic fluid, volume further decreased



#### Loop of Henle

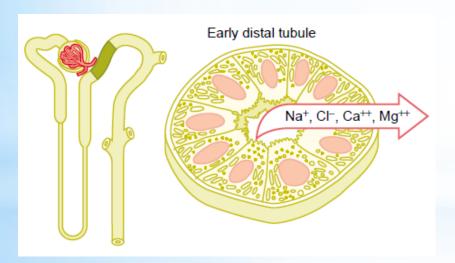
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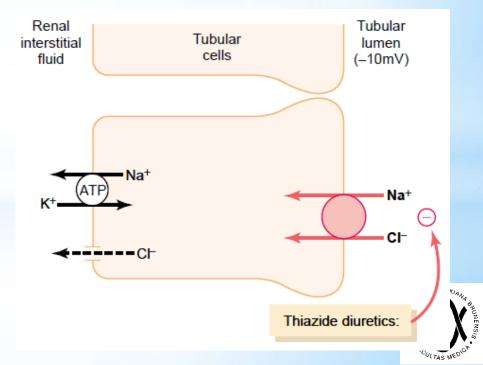


#### Distal tubule

- 1) juxtaglomerular apparatus
- 2) active reabsorption of solutes similar to the thick ascending loop of Henle, also no permeability for urea and water – the so called dilution segment (dilutes the tubular fluid)

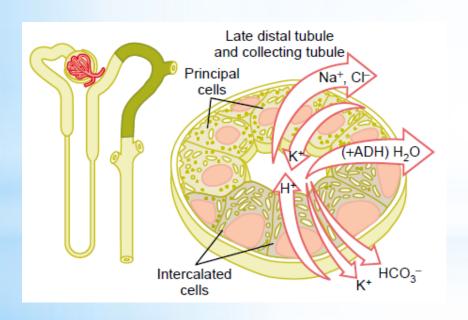


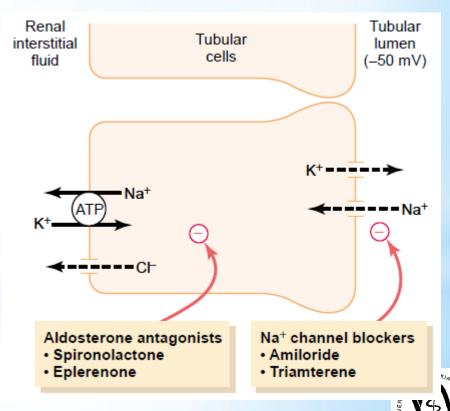
Result: hypotonic fluid



#### Collecting duct (+ end of distal tubule)

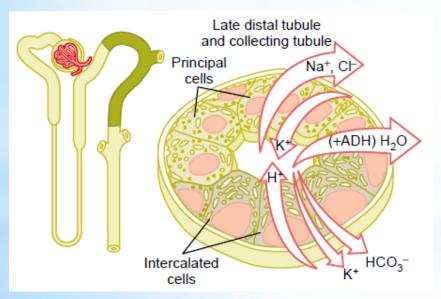
 principal cells – reabsorption of Na<sup>+</sup> and water (ADH), secretion of K<sup>+</sup>

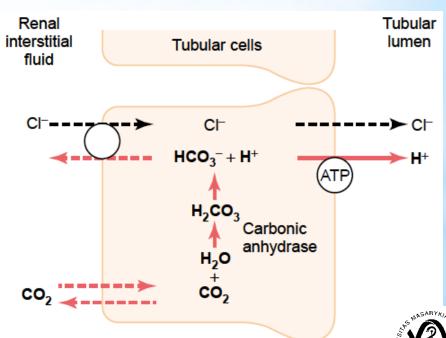




#### Collecting duct (+ end of distal tubule)

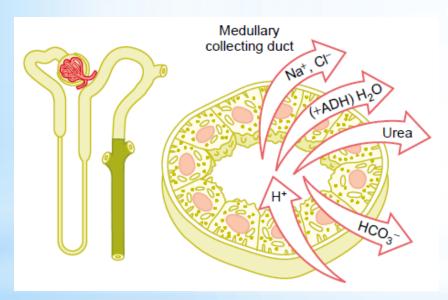
- principal cells reabsorption of Na<sup>+</sup> and water (ADH), secretion of K<sup>+</sup>
- 2) intercalated cells secretion of H<sup>+</sup>, reabsorption of HCO<sub>3</sub><sup>-</sup> and K<sup>+</sup>



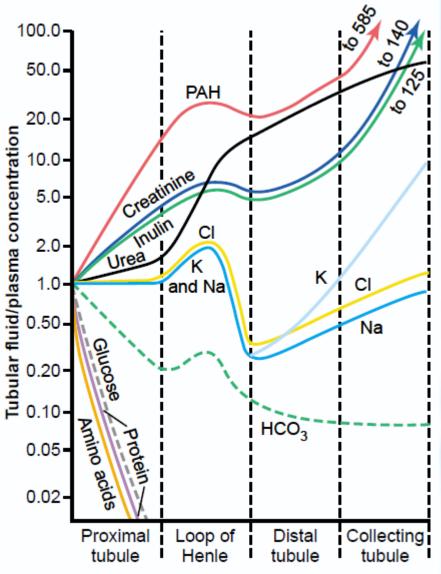


### Collecting duct - medullar part

- 1) reabsorption of Na<sup>+</sup> and Cl<sup>-</sup>, water (ADH), urea
- 2) secretion of H<sup>+</sup>, reabsorption of HCO<sub>3</sub><sup>-</sup>







pronounced secretion in comparison with H<sub>2</sub>O

pronounced reabsorption in comparison with H<sub>2</sub>O



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= the volume of plasma that is cleared of the substance by kidneys per unit time

Using *clearance*, we can quantified the excretion ability of kidneys, the velocity of renal blood flow and even basic functions of kidneys (GFR, tubular reabsorption and secretion).

$$C_S \cdot P_S = V \cdot U_S \longrightarrow C_S = \frac{V \cdot U_S}{P_S}$$
[ml/min]

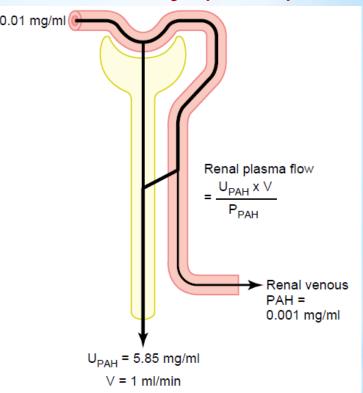


### Determination of renal plasma flow velocity (RPF)

Clearance of a substance that is fully cleared from plasma in glomerulotubular apparatus.

PAH (paraaminohippuric acid) cleared by 90%

RPF = 
$$\frac{5.85 \times 1 \text{ mg/min}}{0.01 \text{ mg/ml}} = 585 \text{ ml/min}$$



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Correction to the extraction ratio of PAH  $(E_{PAH})$ :

$$\mathsf{E}_{\mathsf{PAH}} = \frac{\mathsf{P}_{\mathsf{PAH}} - \mathsf{V}_{\mathsf{PAH}}}{\mathsf{P}_{\mathsf{PAH}}} = 0.9 \longrightarrow \mathsf{RPF} = \frac{585 \; \mathsf{ml/min}}{0.9} = 650 \; \mathsf{ml/min}$$

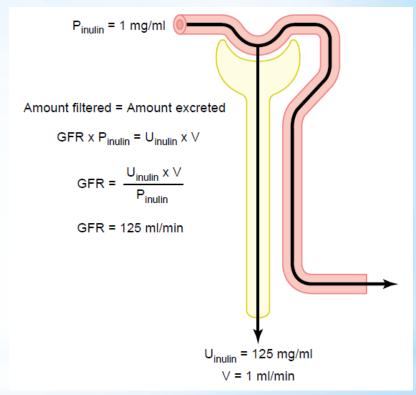


### Determination of glomerular filtration rate (GFR)

Clearance of a substance that is fully filtered in the glomerulus and is not reabsorbed/secreted in tubules.

Inulin

Creatinine



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### Calculation of Filtration Fraction (FF)

FF is the fraction of plasma filtered through the glomerular membrane.

$$FF = \frac{GFR}{RPF} = \frac{125 \text{ ml/min}}{650 \text{ ml/min}} = 0.19 \longrightarrow ^{\sim} 20\% \text{ of plasma is filtered}$$
in the glomerulus

#### Calculation of Tubular Reabsorption/Secretion

A. GFR 
$$\cdot$$
 P<sub>S</sub> > V  $\cdot$  U<sub>S</sub> substance reabsorbed

B. GFR 
$$\cdot$$
 P<sub>S</sub> < V  $\cdot$  U<sub>S</sub> substance secreted

