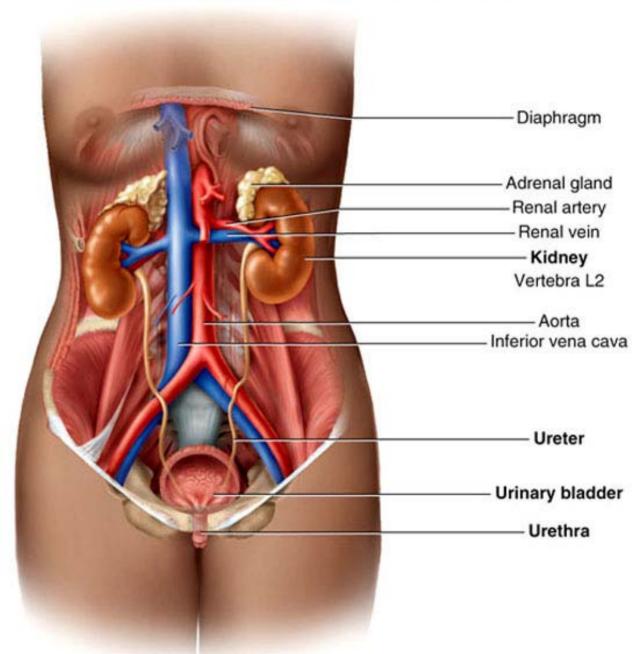
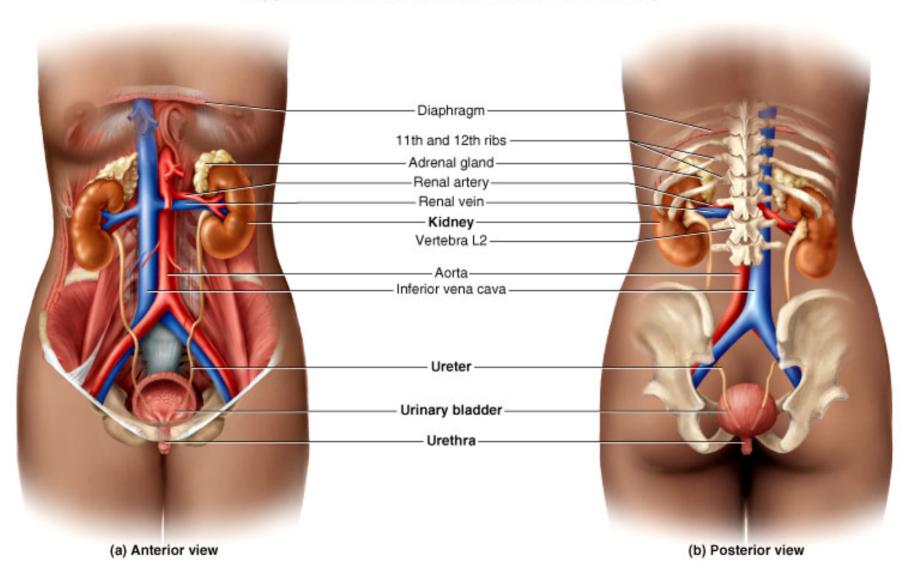
The Anatomy of the Kidney

Urinary System

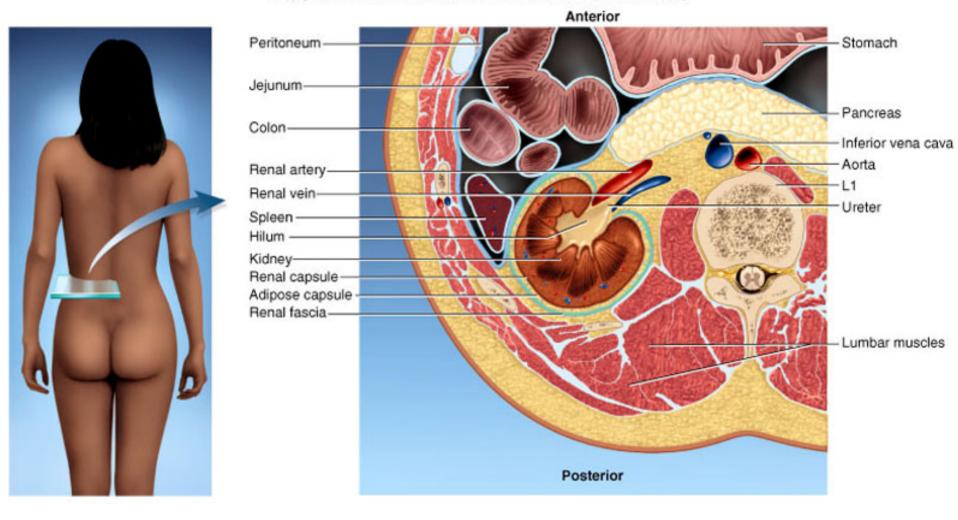
- Two kidneys
- Two ureters
- One urinary bladder
- One urethra

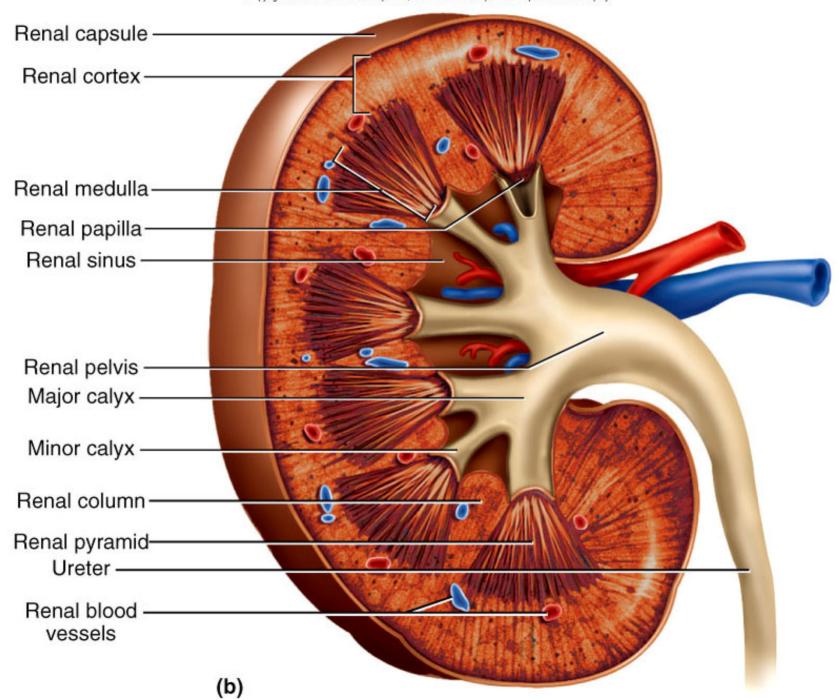


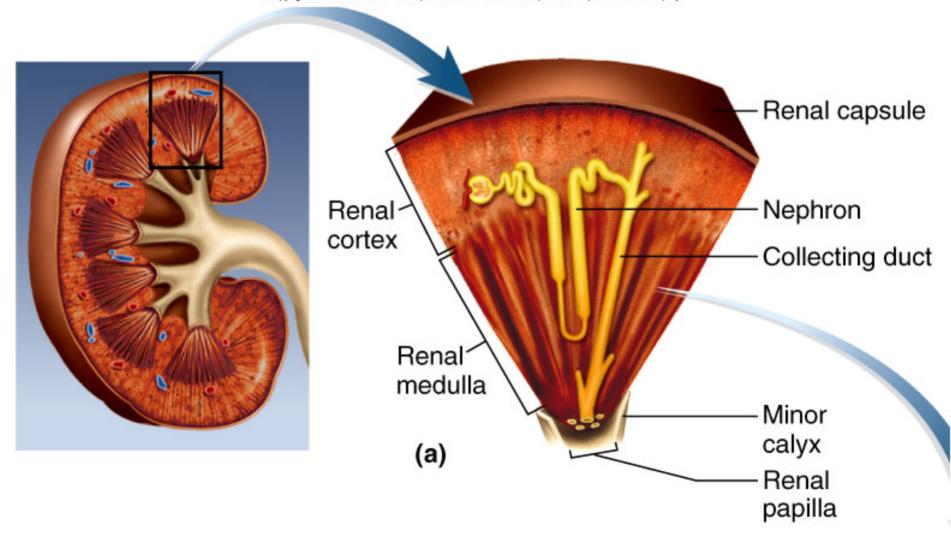
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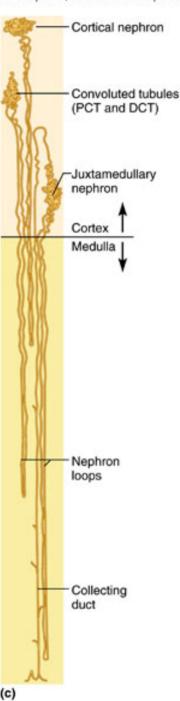


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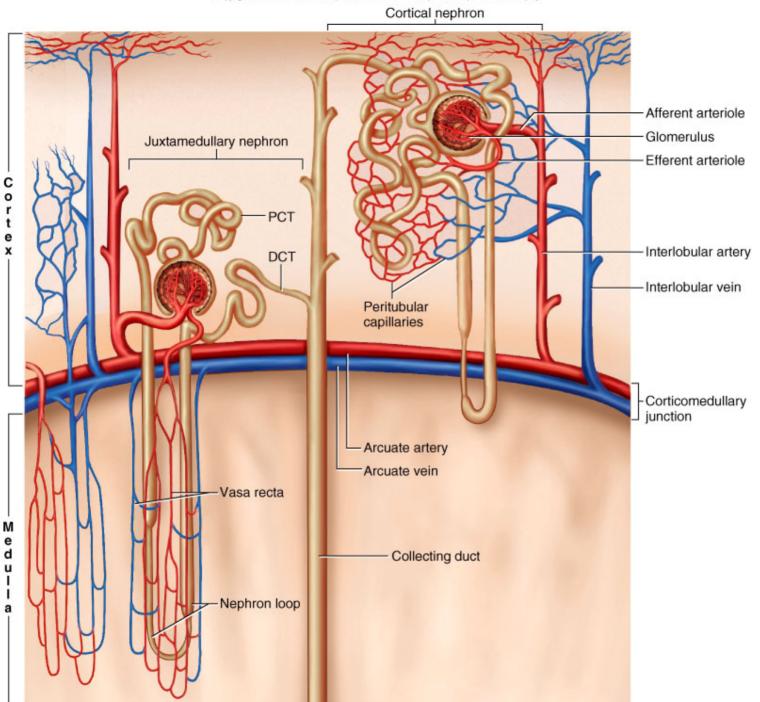


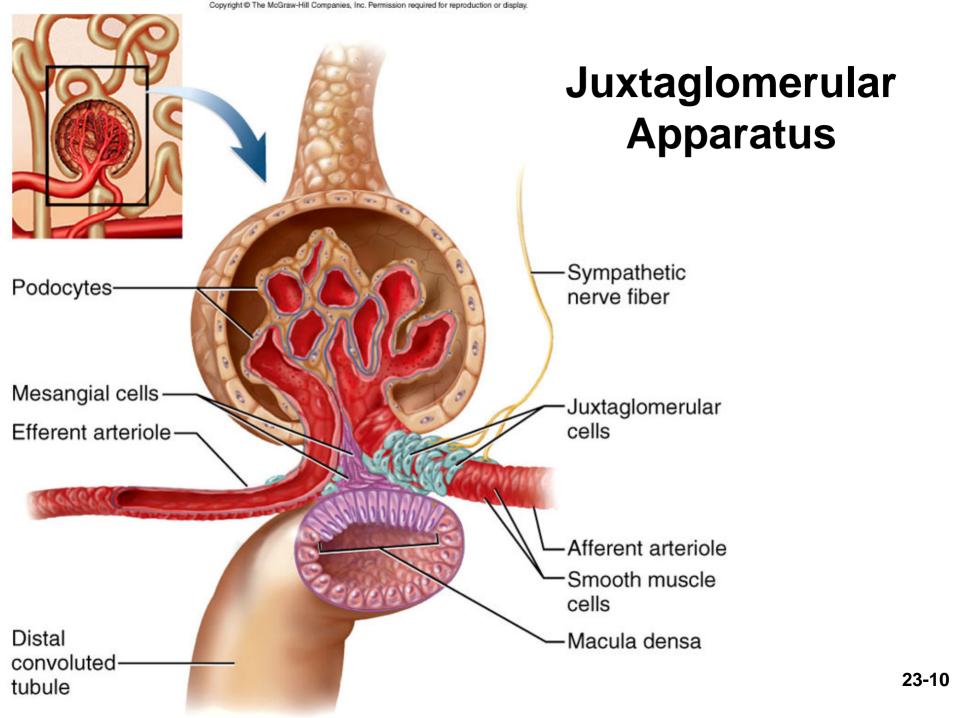


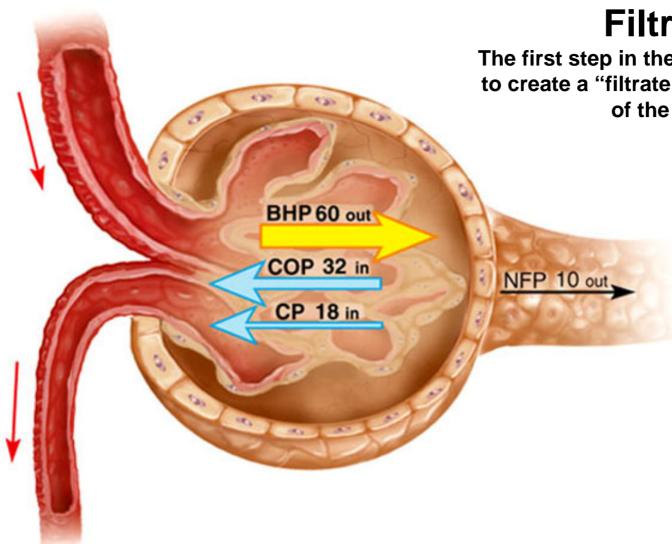


Two Different Type of Nephrons in the Kidneys

- The Cortical Nephrons (85%)
 - short nephron loops
 - efferent arterioles branch off peritubular capillaries
- The Juxtamedullary Nephrons (15%)
 - very long nephron loops, maintain salt gradient, helps conserve water
 - 1 to 2% blood flow
 - establish concentration gradient







Filtration

The first step in the formation of urine is to create a "filtrate". This is the genisis of the "urine".

After filtration, the tubular structures (PCT, Loop of Henle, DCT) exchange fluid and solute between the tubules and the peritubular capillaries.

What remains in the Collecting Ducts is the urine.

Blood hydrostatic pressure (BHP) Colloid osmotic pressure (COP)

Capsular pressure (CP)

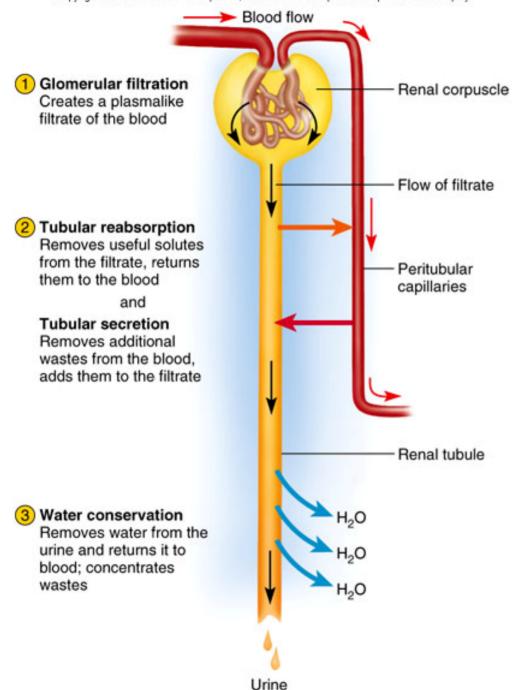
60 mm Hg out

–32 mm Hg in

-18 mm Hg in

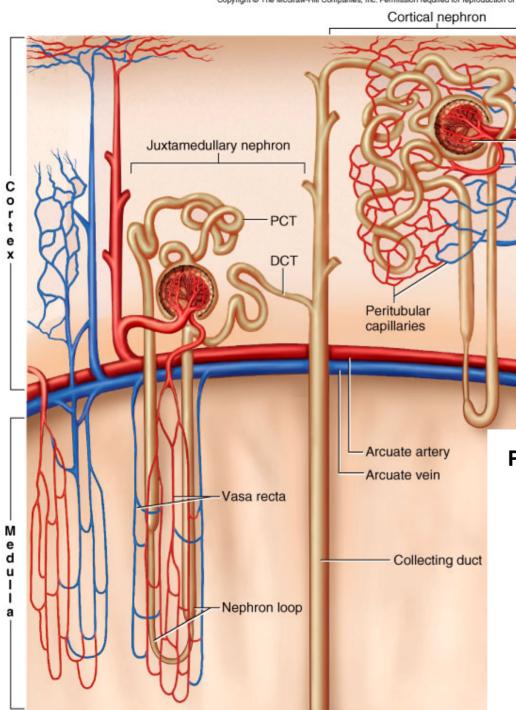
Net filtration pressure (NFP)

10 mm Hg out



Urine Formation

What term describes the anatomy of two separate capillary beds between an arteriole and a venuole?



Path of Glomerular Filtrate:

iunction

Afferent arteriole

Efferent arteriole

Interlobular artery

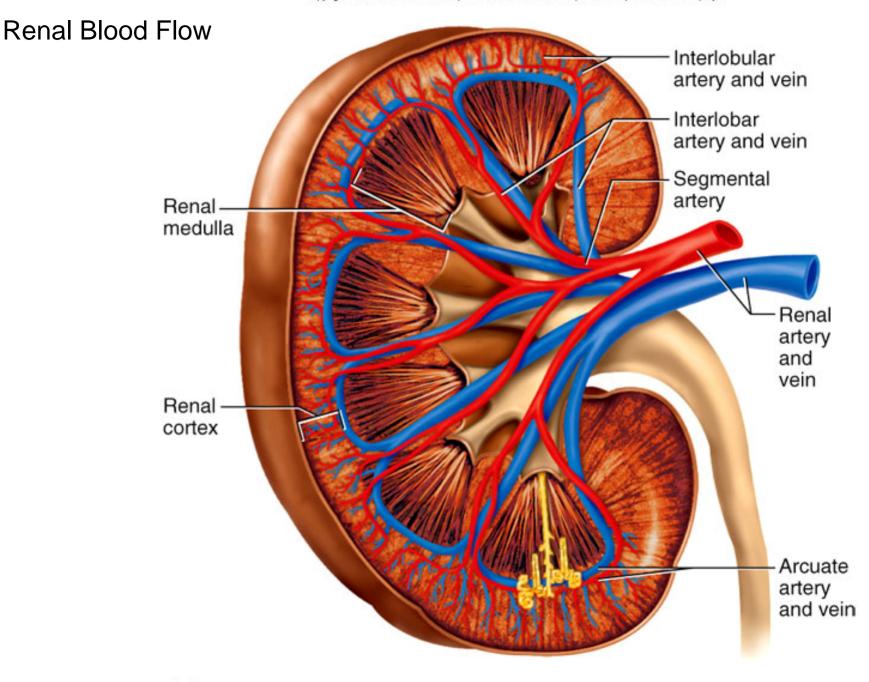
Interlobular vein

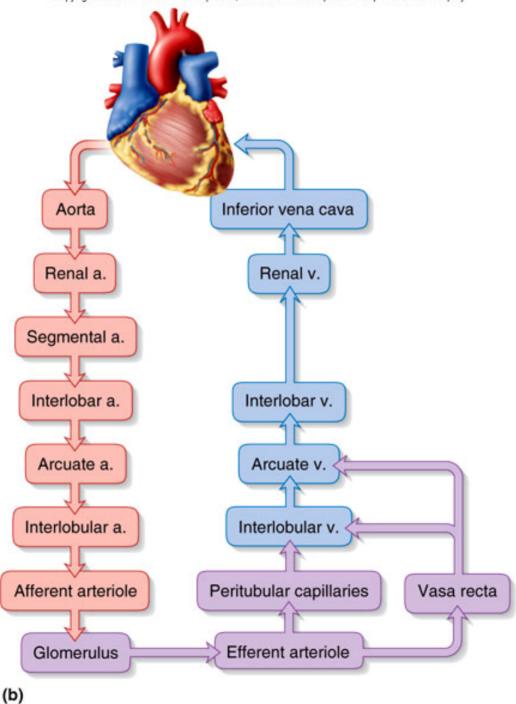
Corticomedullary

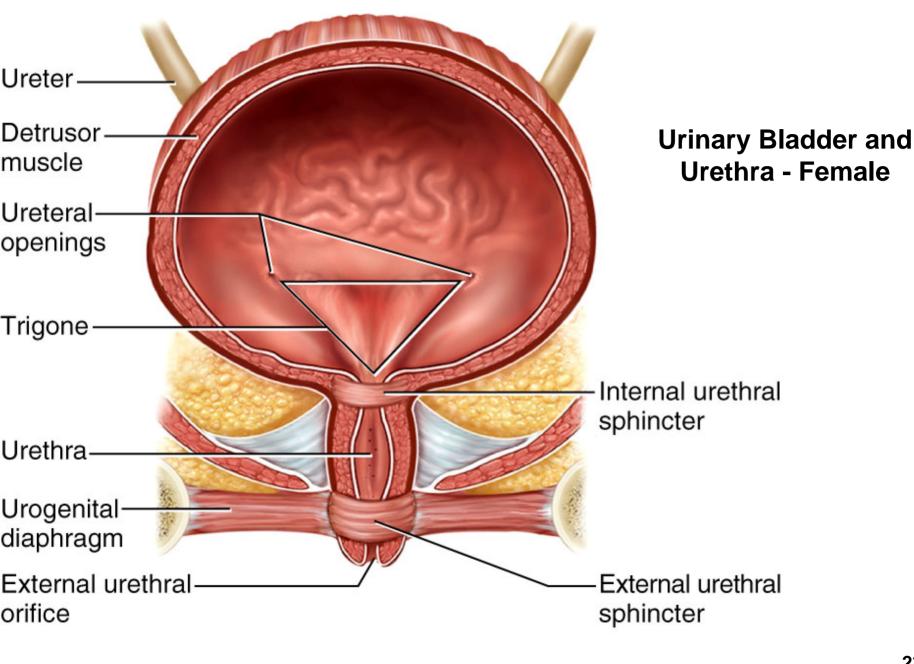
Glomerulus

Glomerular capsule → PCT →
nephron loop → DCT → collecting
duct → papillary duct → minor calyx
→ major calyx → renal pelvis →
ureter → urinary bladder → urethra

Note: Many DCT drain into one Collecting duct

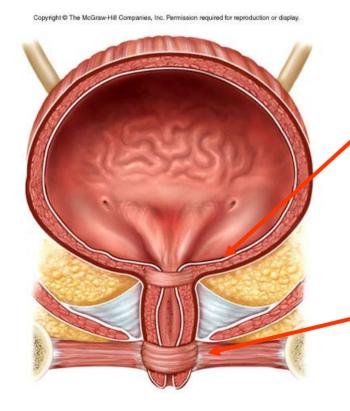




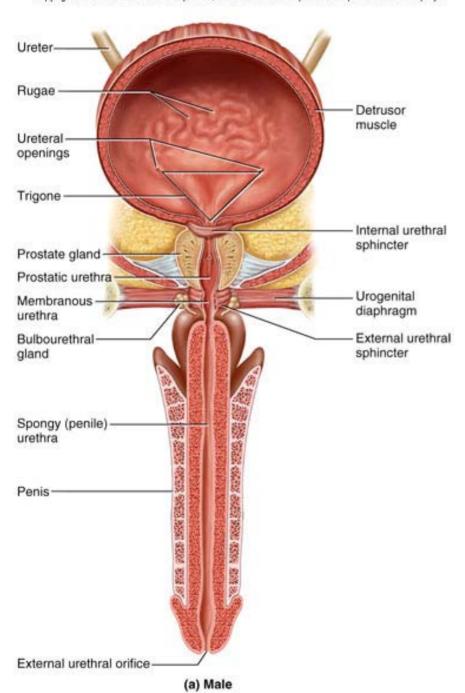


Urethral Sphincter Muscles

- 3 to 4 cm long
- External urethral orifice
 - between vaginal orifice and clitoris
- Internal urethral sphincter
 - detrusor muscle thickened, smooth muscle, involuntary control



External urethral sphincter skeletal muscle, voluntary control

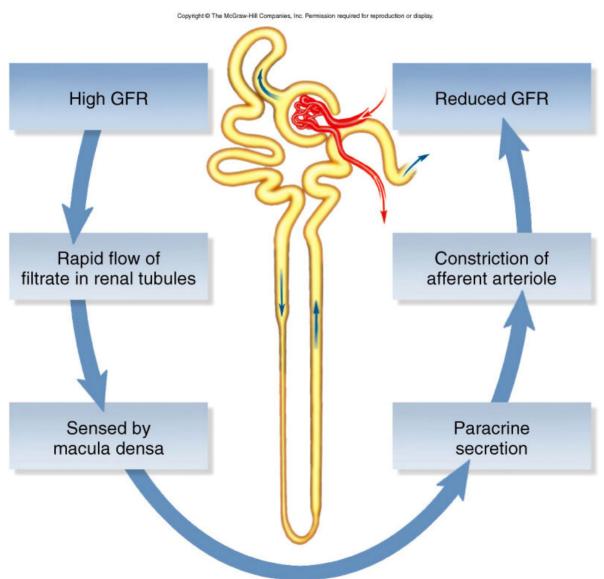


Male Bladder and Urethra

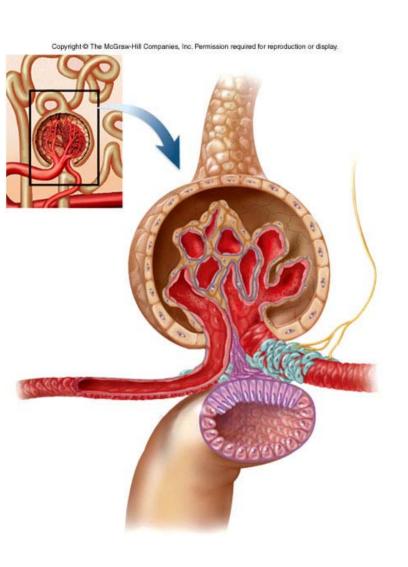
- 18 cm long
- Internal urethral sphincter
- External urethral sphincter

3 regions
prostatic urethra
during orgasm
receives semen
membranous urethra
passes through
pelvic cavity
spongy urethra

Negative Feedback Control of GFR

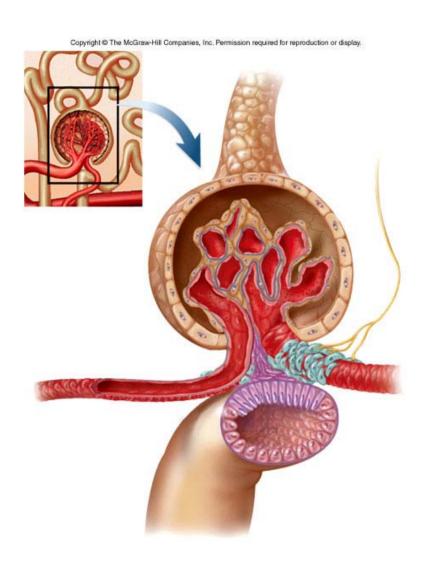


Renal Autoregulation of GFR (1 of 2)



- Myogenic mechanism
 - increase in BP = increase filtration pressure = increase in GFR
 - change in blood pressure changes the "tension" within the smooth muscle of the afferent and efferent arterioles
 - restores normal GFR
- ↑ BP → constrict afferent arteriole & dilate efferent
- ↓BP → dilate afferent arteriole & constrict efferent
- Stable for BP range of 80 to 170 mmHg (systolic)
- Cannot compensate for extreme BP

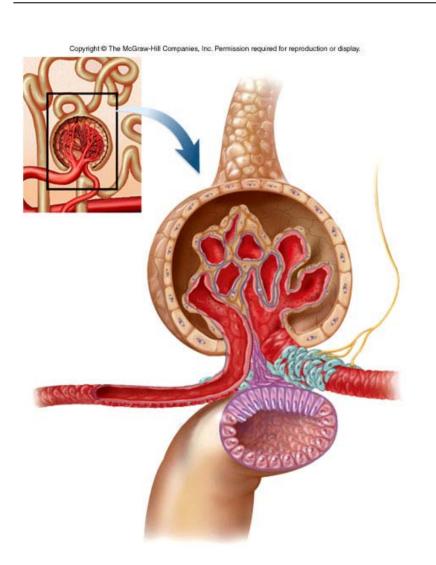
Renal Autoregulation of GFR (2 of 2)



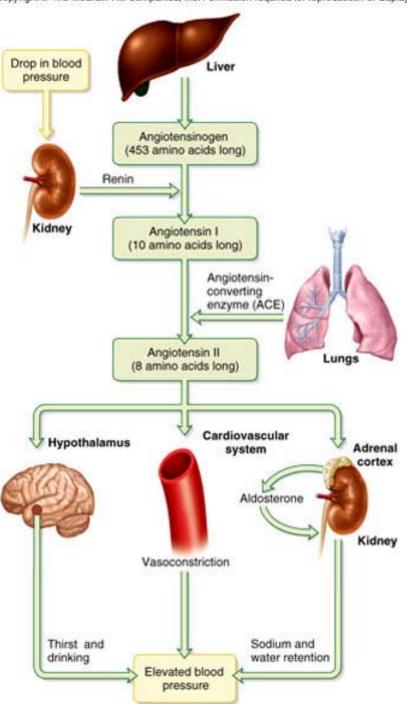
Tubuloglomerular Feedback

- Macula densa on DCT monitors tubular fluid
- Uses paracrine messengers
- signals juxtaglomerular cells (enlarged smooth muscle cells, surrounding afferent arterioles and lesser extent efferent arterioles) to constrict afferent arteriole to ↓
 GFR

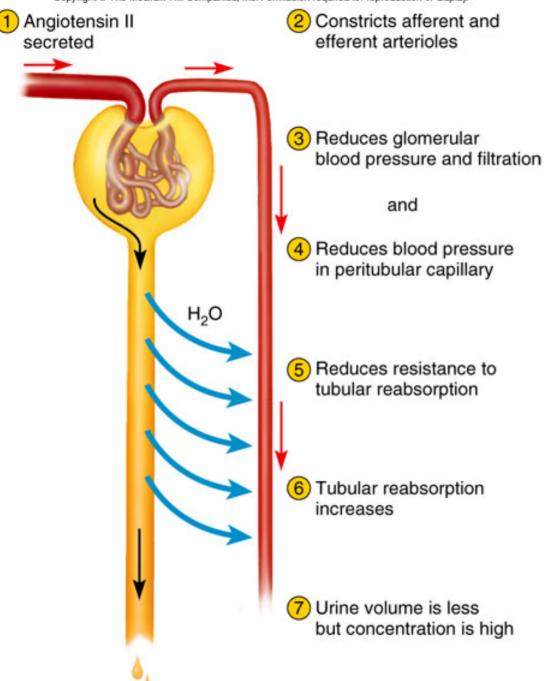
Sympathetic Control of GFR



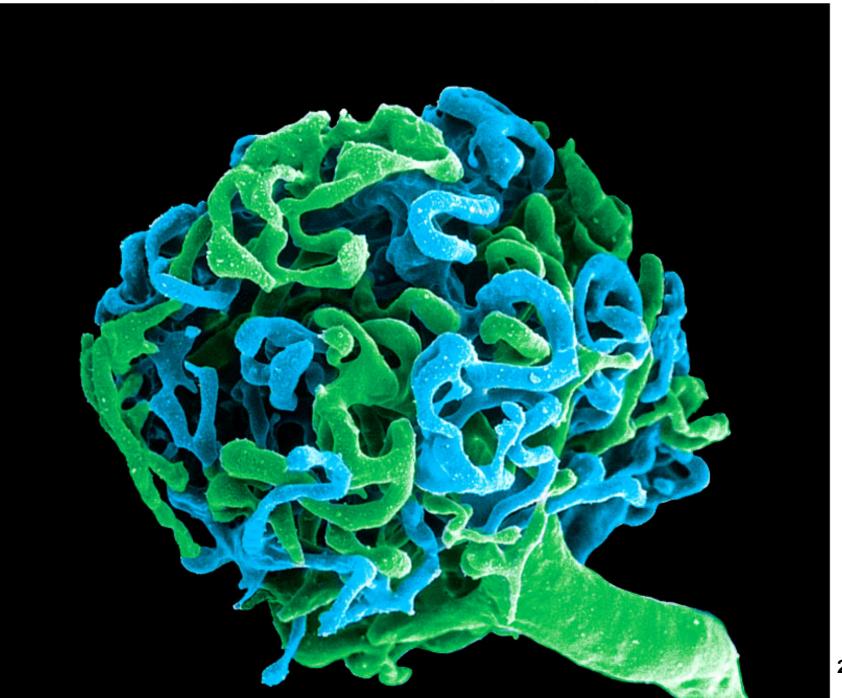
- Strenuous exercise or acute conditions (circulatory shock) stimulate afferent arterioles to constrict
- ↓ GFR and urine production, redirecting blood flow to heart, brain and skeletal muscles
- Kidney = 4% body wt but receives 21% of cardiac output under normal resting state



Renin-Angiotensin-Aldosterone



Effects of Angiotensin II



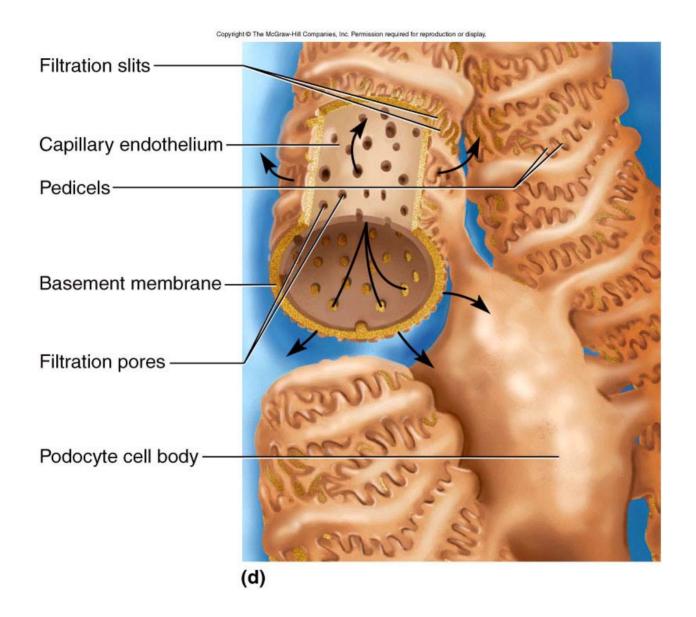
Podocyte cell body

Pedicels (separated bynarrow filtration slits)

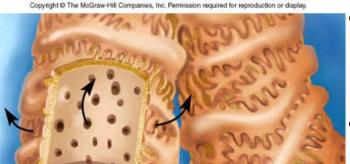
23-27

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Filtration Membrane

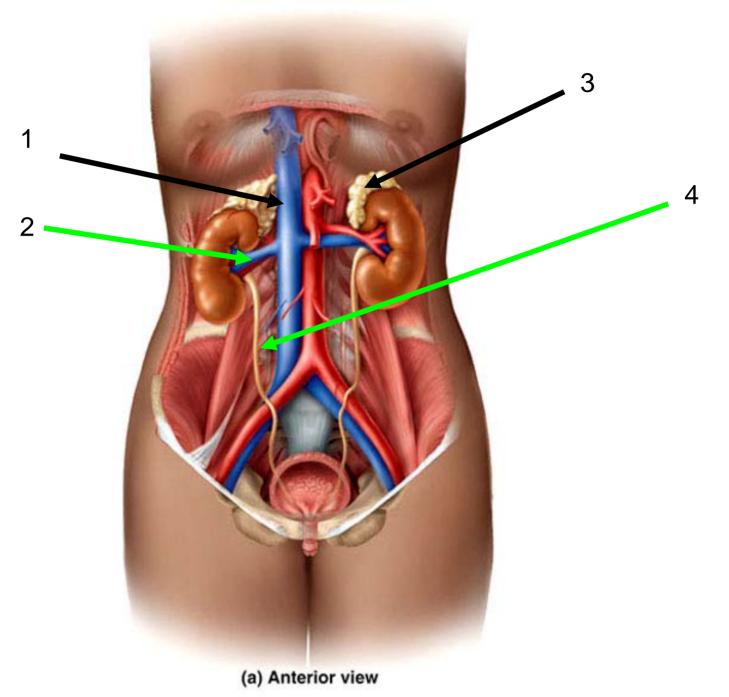


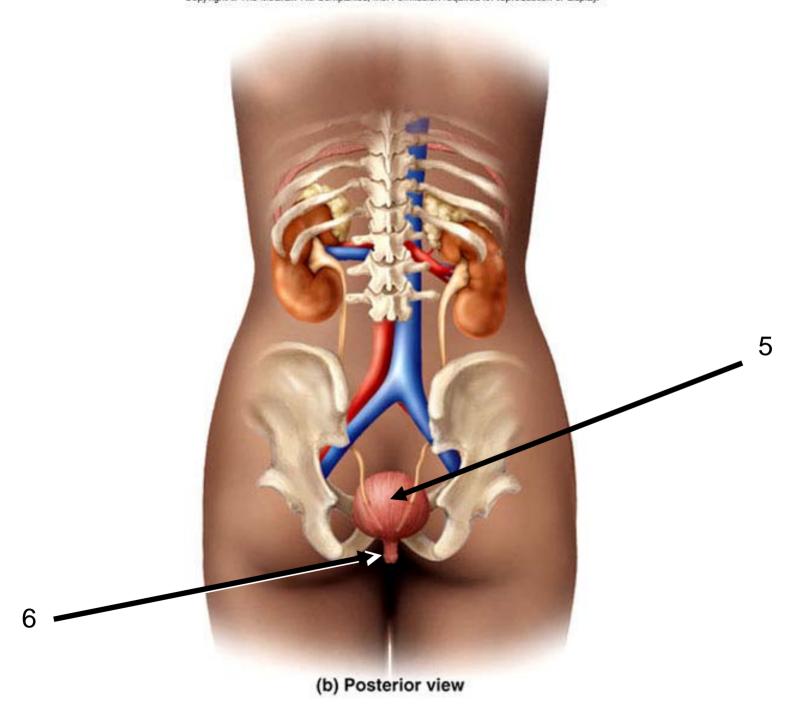
Filtration Membrane



- Fenestrated endothelium
 - 70-90nm pores exclude blood cells
- Basement membrane
 - proteoglycan gel
 - negative charge
 - excludes molecules > 8nm
 - blood plasma 7% protein
 - glomerular filtrate 0.03%
- Filtration slits
 - podocyte arms have pedicels
 - negatively charged filtration slits
 - allow particles < 3nm to pass

Quiz





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