RENAL FUNCTIONS & GFR

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من سلك طريقا يلتمس فيه علما سهل الله له به طريقا إلى الجنة

What are the functions of the kidney?

- Regulation of water and electrolyte balance.
- Regulation of body fluid osmolality & electrolytes.
- □ Excretion of waste products (UREA, CREATININE, URIC ACID).
- Regulation of arterial blood pressure (RAS, excretion of excess salt and water).
- Regulation of acid/base balance.
- Detoxification and excretion of drugs.

Synthesitic function:

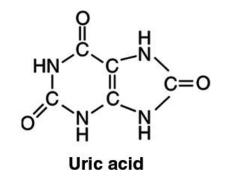
- 1- active form of vit D (D3)= 1,25 dihydroxycholicalciferol.
- 2- Erythropoietin production.
- 3- Renin formation.
- 4- Synthesis of glucose from amino acids during prolonged fasting.

Nitrogenous Wastes

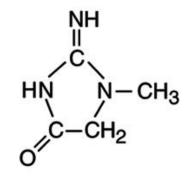
🗆 Urea

- Н₂N^{−С}_NH₂
- □ proteins→amino acids \rightarrow NH₂ removed \rightarrow forms Urea ammonia, liver converts to urea

🗆 Uric acid



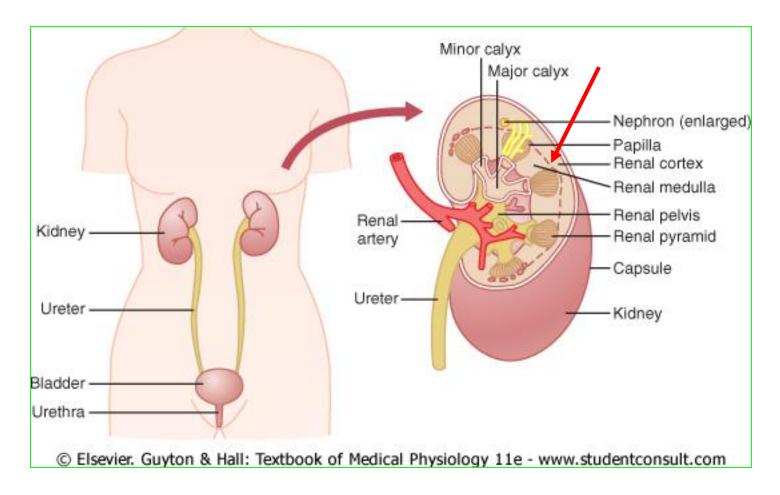
Creatinine



Creatinine

PHYSIOLOGIC ANATOMY OF KIDNEYS

- Size Clenched Fist
- Weight 150 grams

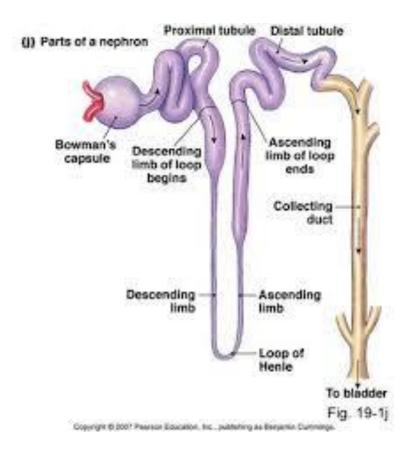


What is the functional unit of the kidney?

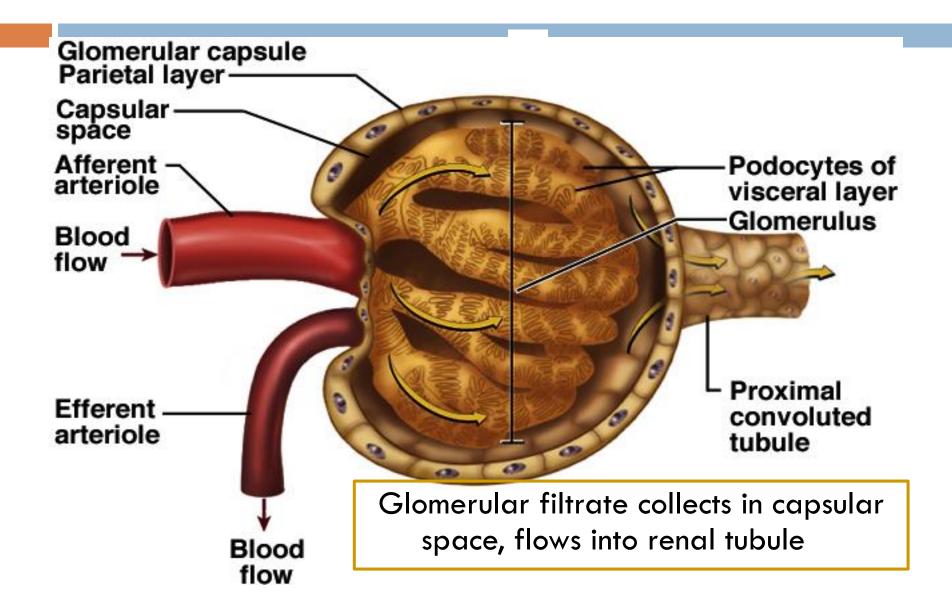
- The nephron is the functional and structural unit of the kidney.
- Each kidney has 1 million nephrons, each nephron is capable of urine formation.

Structure of a nephron

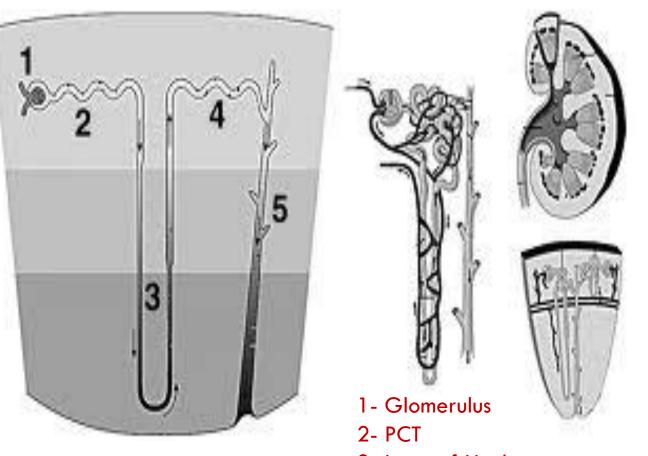
- The Glomerulus: capillary tuft: in which large amount of fluid is filtered from blood.
- Bwaman's capsule:
 - Around the glomerulus and receives the filtrate.
- Tubules: in which filtered fluid eventually is converted into urine.



The Glomerulus



Structure of a Nephrone



- 3- Loop of Henle.
- 4- DCT
- 5- Collecting tubules & ducts.

Structure of a nephron, cont.....

- The renal tubule is divided into different sections with different structural and functional characteristics:
- Proximal tubules (in the cortex).
- □ Loop of Henle.
- Distal tubule (in the renal cortex).
- Connecting tubule, cortical collecting, and the cortical collecting ducts, which run downward in the medulla and become:
- Medullary collecting ducts.

RENAL BLOOD VESSELS

□ AFFERENT ARTERIOLE:

DELIVERS BLOOD INTO THE GLOMERULI.

GLOMERULI:

CAPILLARY NETWORK THAT PRODUCES FILTRATE THAT ENTERS THE URINARY TUBULES.

EFFERENT ARTERIOLE:

- DELIVERS BLOOD FROM GLOMERULI TO PERITUBULAR CAPILLARIES.
- **DERITUBULAR CAPILLARIES:**

VASA RECTA.

Structure of a nephron, cont.....

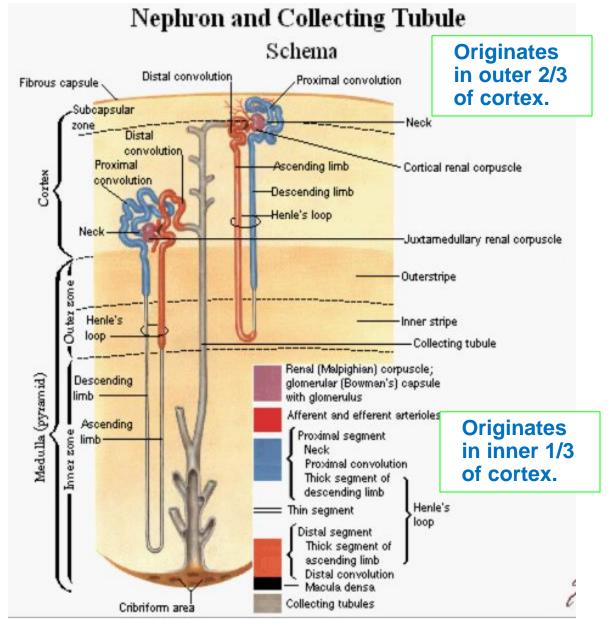
Types of nephrons:

- 1- Cortical nephrons: (85%):
- Their glomeruli in the outer portion of cortex and have short loops of Henle.
- . Peritubular capelaries
- 2-Juxtamedullary nephrons: (15%):
- Have long loops extended into the medulla.
- .Vasa recta
- Maintain salt gradient, helps conserve water

Cortex Outer medulla Inner medulla

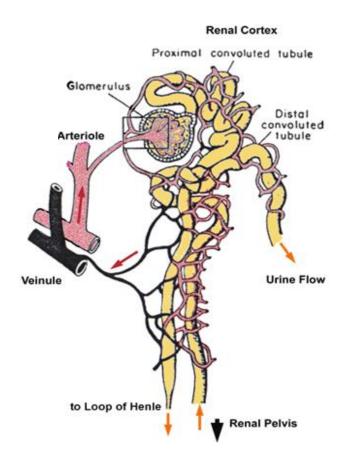
NEPHRON TYPES Cortical and Juxtamedullary Nephrons

1-2 % Blood Flows Through Juxta Medullary Nephrons



Renal blood flow:

- Renal blood flow to the kidney represents 20% of cardiac output.
- The blood flows to each kidney through a renal artery.
- Features of renal circulation:
- 1- High blood flow rate (1200 ml/min).
- 2- Presence of two capillary beds: glomerular and peritubular.
- Efferent and afferent arterioles are major sites of renal resistance.



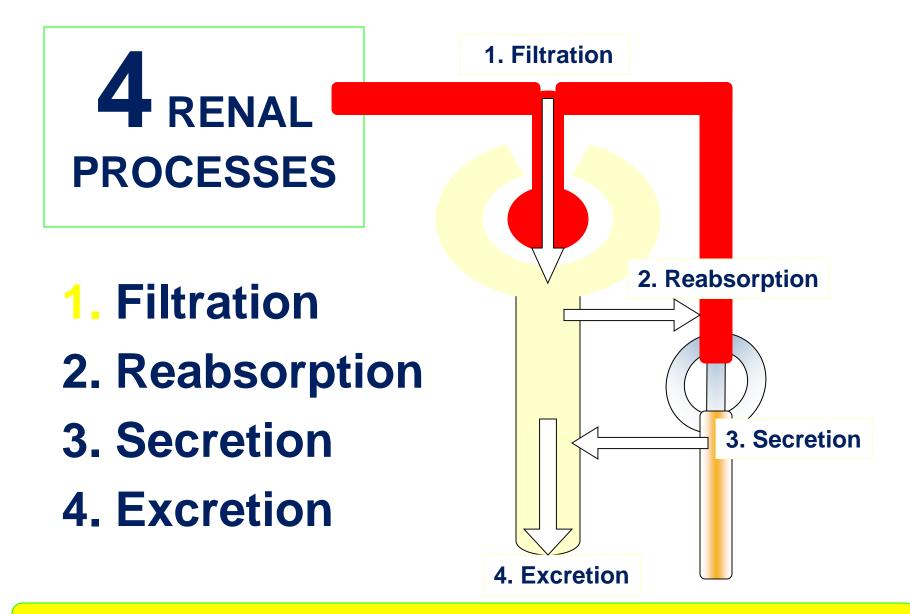
Urine formation

The primary function of the kidney is to 'clear' unneeded substances from the blood to be excreted in urine.

Steps of urine formation (basic renal processes):

- 1- Glomerular filtration: Filtration of fluid from glomerular capillaries into the renal tubules.
- 2- Tubular reabsorption
- 3- Tubular secretion.
- 4- Excretion.

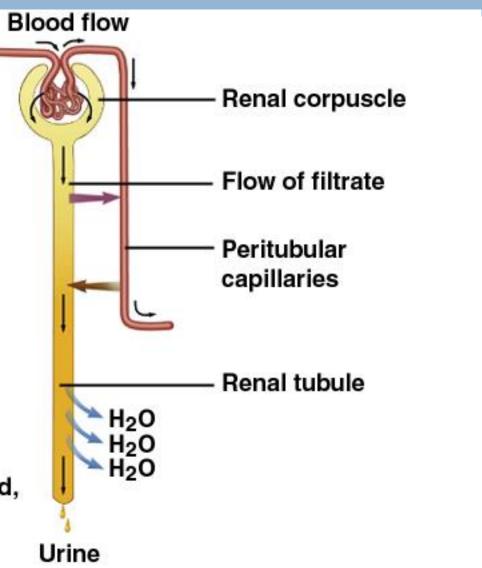
Urinary excretion rate = Filtration ratereabsorption+secretion.



Urinary Excretion Rate = Filtration Rate – Reabsorption Rate + Secretion Rate

Urine Formation Preview

- Glomerular filtration Creates a plasmalike filtrate of the blood
- 2 Tubular reabsorption Removes useful solutes from the filtrate, returns them to the blood
- ③ Tubular secretion Removes additional wastes from the blood, adds them to the filtrate
- Water conservation Removes water from the urine and returns it to blood, concentrates wastes



Glomerular filtration rate (GFR)

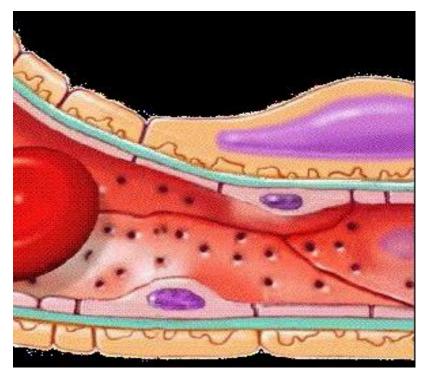
- The first step in urine formation is glomerular filtration.
- It is the filtration of fluid from the glomerular capillaries into the renal tubules.
- It contains all substances present in plasma except proteins.
- GFR is normally 125 ml/min = 20% renal plasma flow.

- What is glomerular membrane?
- What controls passage of molecules through this membrane?
- What are the forces responsible for passage of fluid (filtrate) through this membrane?

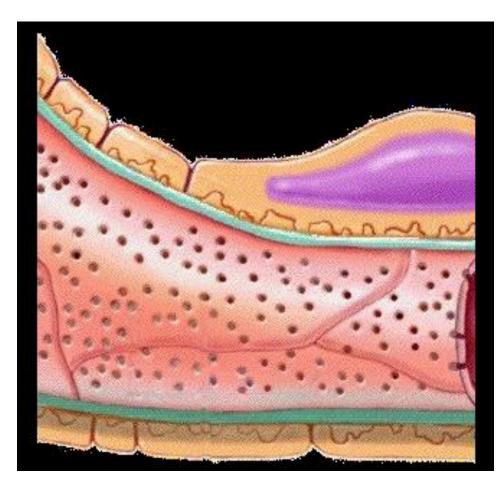
Blood in the glomerulus is separated from the fluid in the Bowman's space by a filtration barrier (glomerular membrane) consisting of three layers:

- 1 Single layer of capillary endothelium.
- 2- Single epithelial lining of Bowman's capsule (Podocytes) During filtration the fluid moves between their foot processes (psudopodia).
- 3- Basement membrane between endothelium and epithelium.

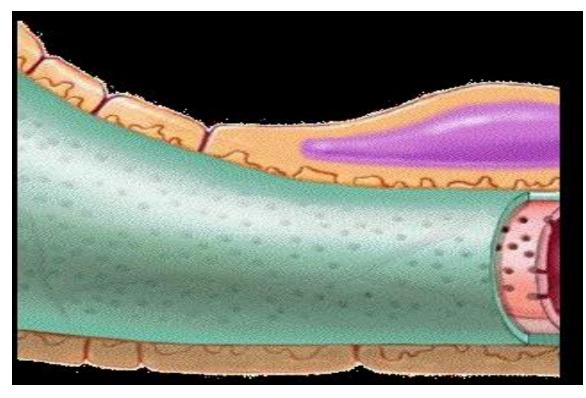
Here we see a glomerular capillary in longitudinal section



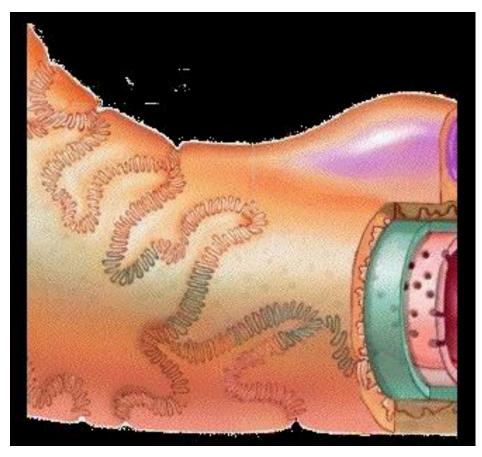
Capillary endothelium



Capillary endothelium



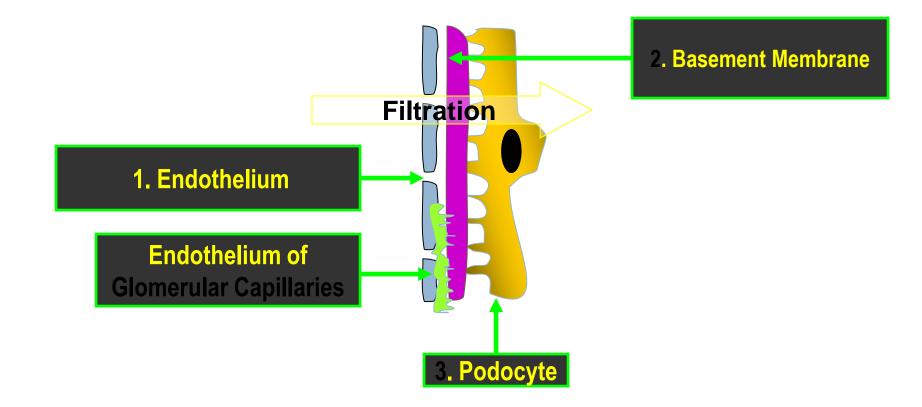
Basement membrane

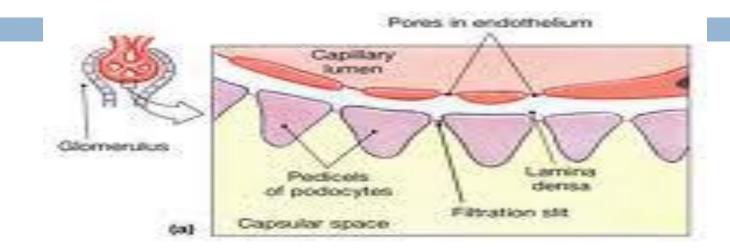


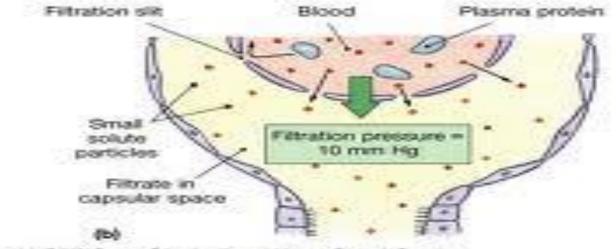
Podocytes (cell body with nucleus)

Filtration slits

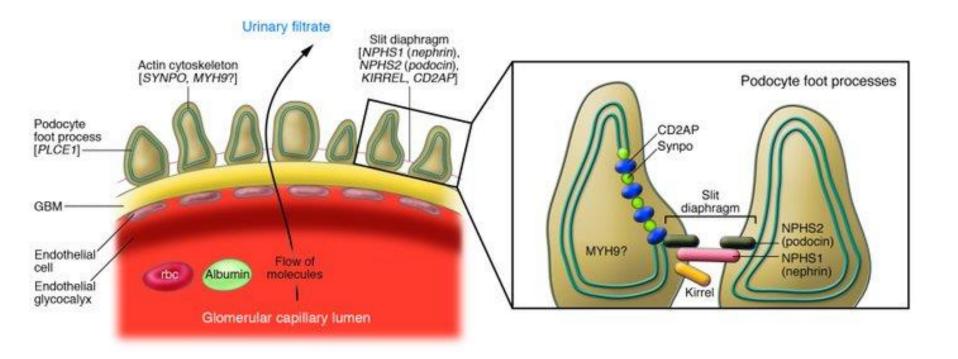
FILTRATION MEMBRANE







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Characteristics of glomerular membrane:

- □ Allow passage of molecules up to 70,000 D
- Albumin does not normally pass as they are repelled by the negative charge of the

glycoproteins material of basement membrane.

Blood cells don not normally pass through the membrane.

Glomerular Filtration Rate (GFR)

- □ The GFR is determined by:
- 1 the net filtration pressure across the glomerular capillaries.
- 2- the glomerular capillary filtration coefficient (Kf) $GFR = Kf \times Net$ filtration pressure. $= 12.5 \times 10 = 125$ ml/min

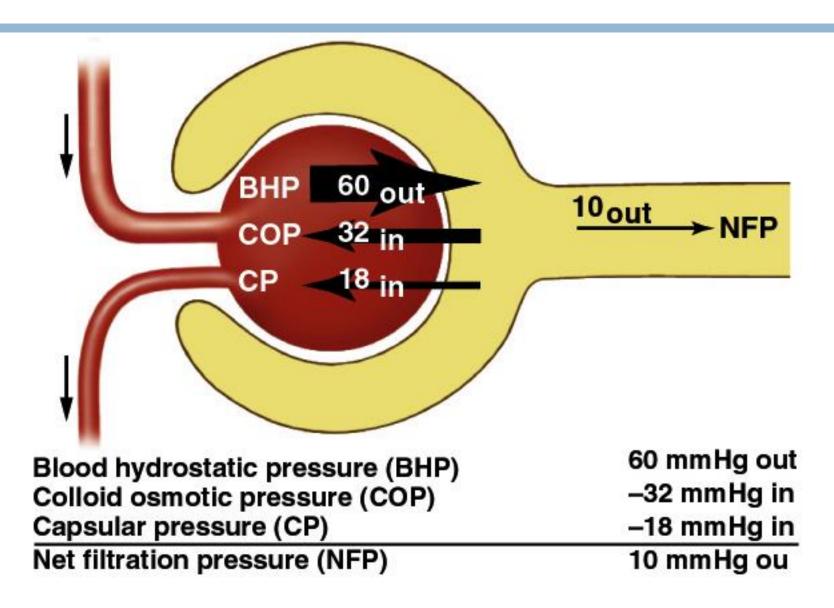
Glomerular Filtration Rate (GFR)

- Filtrate formed per minute
- Filtration coefficient (K_f) depends on permeability and surface area of filtration barrier
- □ GFR = NFP x K_f ≈ 125 ml/min or 180 L/day
- □ GFR = 10 X 12.5 = 125 ml/min
- □ 99% of filtrate reabsorbed, 1 to 2 L urine excreted

Forces controlling GFR: Starling's forces

- The net filtration pressure is the sum of:
- 1. glomerular hydrostatic pressure (= 60 mmHg). It promotes filtration.
- 2. hydrostatic pressure in Bowman's capsule (= 18 mmHg). It opposes filtration.
- 3. colloid osmotic pressure of glomerular plasma proteins (= 32 mmHg). It opposes filtration.
- So, net filtration pressure = 60-18-32 = 10 mmHg.

Net Filtration Pressure (NFP)



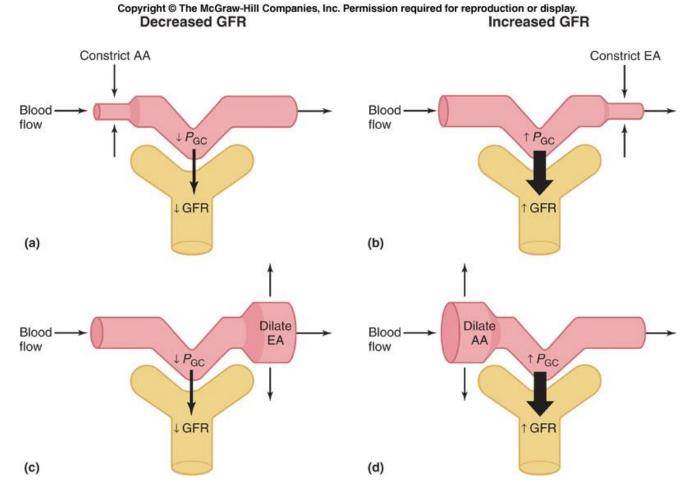
CONTROL OF GFR GFR = Kf x [(PG-PB)-(πG- πB)] GFR = Kf x [(60-18)-(32- 0)]

- (1) Hydrostatic pressure inside the glomerular capillaries (glomerular hydrostatic pressure, PG), which promotes filtration
- (2) The hydrostatic pressure in bowman's capsule (PB) outside the capillaries, which opposes filtration
- (3) The colloid osmotic pressure of the glomerular capillary plasma proteins (πg), which opposes filtration
- (4) The colloid osmotic pressure of the proteins in bowman's capsule (πb), which promotes filtration

How changes in Forces determining GFR affect GFR?

- Increased Bowman's capsule pressure decreases GFR.
 It can happen in urinary obstruction e.g. stones , tumors..
- Increased glomerular capillary colloid osmotic pressure decreases GFR.
- Increased glomerular capillary hydrostatic pressure increases GFR. This pressure is affected by:
- ABP.
- Afferent arteriolar resistance.
- Efferent arteriolar resistance

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As vasodilation and vasoconstriction of the afferent and efferent arterioles alter the blood flow through the glomerular capillaries, there are corresponding alterations in the glomerular filtration rate (GFR).

Factors affecting Renal blood flow and GFR

- Sympathetic stimulation of renal arterioles decrease GFR & RBF.
- Norepinephrine decreases GFR & RBF.
- Angiotensin II decreases RBF. It constricts efferent arteriole more than afferent.
- High protein diet increases GFR.
- Hyperglycemia increases GFR & RBF.
- Fever increases GFR & RBF.
- Aging decreases RBF & GFR