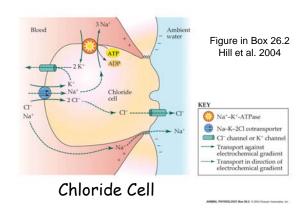
## osmoregulation mechanisms in gills, salt glands, and kidneys

Group C Group D Ionic & Osmotic Freshwater and Freshwater and Homeostasis terrestrial terrestrial invertebrates vertebrates; marine vertebrates not in A or B Organic solutes Organic solutes extracellular Inorganic ~300 mOsm Inorganic ions ions Na+Cl Organic solutes Organic solutes intracellular Inorganic K+ ~300 mOsm Inorganic Na+Cl-Na+Cl Osmotic concentration

22

#### 



#### Salt Glands

Shark rectal glands to dispose of excess NaCl

- -blood hyperosmotic to seawater, but less salt
- -more urea and TMAO (trimethylamine oxide)
- -NaCl actively secreted



#### Shark Rectal Salt Glands

#### Salt-secreting cells:

- -Na/K-ATPase pump in basolateral membrane
- -generates gradient for Na+ by which Na+/2Cl-/K+ cotransporter drives up [Cl-] in cell
- -Cl across apical membrane
- -Na<sup>+</sup> follows paracellularly down electrochemical gradient (and H<sub>2</sub>O)
- -apical membrane impermeable to urea and TMAO
- -therefore iso-osmotic secretion with lots of NaCl

... slightly different in birds and lizaeds  $\rightarrow$ 

(Eckert 14-36) Lumen of

Salt Glands

(Eckert 14-36)

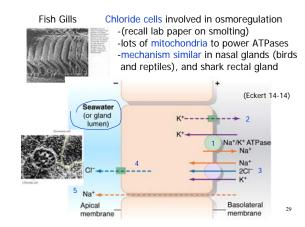
Nasal/orbital salt glands of birds and reptiles -especially species in desert or marine environments.

Hypertonic NaCl secretions (2-3x plasma osmolarity)

Allows some birds to drink salt water and end up with osmotically free water







(a) Producester Indicated
Solt hose by Water upstake difficulties

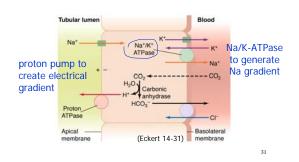
Water upstake by securious

Citils
Solts and water in food
wa

Hill et al. 2004, Fig 26.7

Freshwater fish:

The mechanism basically reversed to allow uptake of salt from water against concentration gradient



(recall lab paper on smolting)

Sea ←→ Freshwater

Switch between getting rid of excess salt in seawater and taking up salt in freshwater

Growth hormone and cortisol for → sea

(more active chloride cells with more
Na/K-ATPase activity)

Prolactin for → freshwater

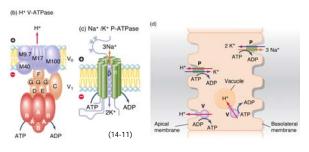




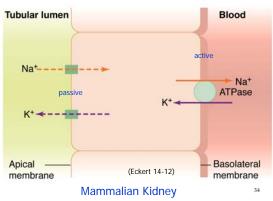
Osmoregulatory Mechanisms

Apical surface (faces lumen and outside world)
Basal surface (faces body and extracellular fluid)

- Active movement of ions/salts requires <u>ATP</u>
- Movement of water follows movement of ions/salts



#### Gradients established and used...to move ions, water





How does the kidney accomplish this?

35

#### Mammalian Kidney

- -Paired
- -1% body mass
- -20% blood flow
- -urine contains: water

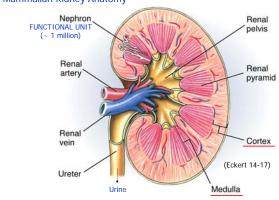
metabolic byproducts (e.g., urea) excess salts etc.

-from ureter to urinary bladder (smooth muscle, sphincter, inhibition)
-out via urethra during micturition

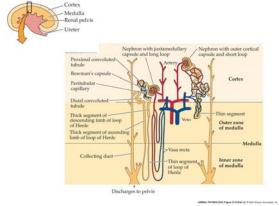
36

(Eckert 14-17)

#### Mammalian Kidney Anatomy

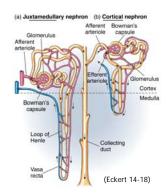


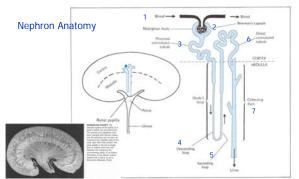
#### Hill et al. 2004, Fig. 27.6



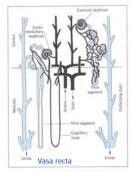
#### Nephron Anatomy

- 1 -Proximal tubule2 -Loop of Henle-descending-ascending
- 3 -Distal tubule
- -numerous nephrons empty into collecting duct
- -collecting ducts empty into renal pelvis





Knut Schmidt\_Nielsen 1997



Countercurrent exchange



#### Kidney Processes- overview

#### 1. FILTRATION

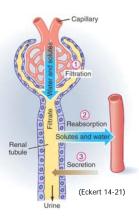
blood --> filtrate

### 2. REABSORPTION filtrate --> blood

#### 3. SECRETION

blood --> filtrate

All 3 involved in final **Urine Composition** 



Mosm = x1000			U/P
Animal	con	imum	Urine/plasma concentration ratio
Beaver*	0.52	2	2
Pig*	1.1		3
Human <sup>b</sup>	1.4		4
White rat <sup>6</sup>	2.9		9
Cath	3.1		10
Kangaroo rat <sup>a</sup>	5.5	Dipodomys	14
Sand rath	6.3		17
Hopping mouse <sup>c</sup>	9.4		25
B. Schmidt-Nielsen K. Schmidt-Nielsen MacMillen and Lee	(196	54).	

# Filtration plus secretion

Knut Schmidt\_Nielsen 4997

	Implications t		
U/P ratio	Effects on water excretion	Effects on solute excretion	Effects on composition of blood plasma
U/P=1 (isosmotic urine)	Water is excreted in the same relation to solutes as prevails in the blood plasma.	Solutes are excreted in the same relation to water as prevails in the blood plasma.	The formation of urine leaves the ratio of solutes to water in the blood plasma unchanged, thus does not alter the plasma osmotic pressure.
U/P < 1 (hyposmotic urine)	Water is preferentially excreted. Urine contains more water relative to solutes than plasma.	Solutes are preferentially held back from excretion. Urine contains less solutes relative to water than plasma.	The ratio of solutes to water in the plasma is shifted upward. The osmotic pressure of the plasma is raised.
U/P > 1 (hypersonotic urine)	Water is perferentially held back from excretion. Urine contains less water relative to solutes than plasma.	Solutes are preferentially excreted. Urine contains more solutes relative to water than plasma.	The ratio of solutes to water in the plasma is shifted downwant. The osmotic pressure of the plasma is lowered.

Hill et al. 2004, Fig 25.7

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Humans: 125 ml/min Short, wide afferent arteriole Low-resistance input pathway or Filtration 180 L/day Filtrate Bowman's capsule Glomerulus Flow controlled by (14-20) vasoconstriction of afferent arteriole Efferent arteriole = High-resistance outflow pathway Sympathetic plus vasa recta innervation tends to constrict

#### Filtration:

#### Bowman's capsule

- 3 layers
- 1. Glomerular endothelial cells
  - -100x leakier than other capillary walls
- 2. Basement membrane
  - -negatively charged glycoproteins
  - -repel plasma proteins by charge
- 3 Epithelial cells
  - -podocytes create slits

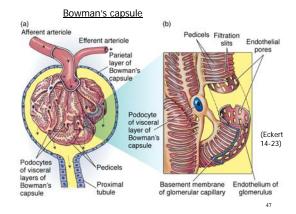
<u>Filtrate</u> = protein-free and cell-free plasma

#### Glomerular Filtration Rate (GFR)

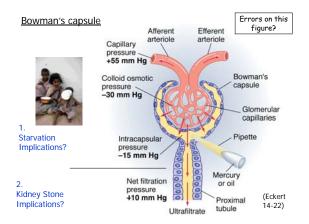
Humans: 125 ml/min or 180 L/day (60x plasma vol.)

46

50

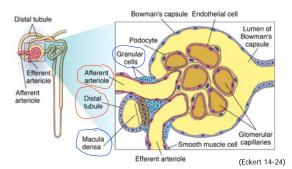


#### Bowman's capsule Efferent Afferent Capillary +55 mm Hg Colloid osmotic Bowman's proteins and larger molecules -30 mm Hg remain Glomerular capillaries Intracapsular pressure -15 mm Hg Mercury Net filtration About 20% of the plasma or oil pressure +10 mm Hg (Eckert 14-22) and solutes that enter Proximal glomerulus end up in BC Ultrafiltrate



#### Filtration Regulation:

- 1. Myogenic props. of afferent arteriole resist stretch
- 2. Secretions from cells of juxtaglomerular apparatus (where distal tubule passes near bowman's capsule)
  - -Macula densa cells (distal tubule)
     -monitor osmolarity and flow in distal tubule
     -paracrine hormonal activity on afferent arteriole
  - -Granular or juxtaglomerular cells (afferent arteriole) -release renin which alters blood pressure...



5

#### Filtration Regulation:

Renin (from granular cells) released in response to

- -low renal BP,
- -low solute [ ] in distal tubule,
- -or sympathetic activation

Renin leads to activation of Angiotensin II which causes systemic vasoconstriction to inc. BP stimulates aldosterone from adrenal cortex vasopressin (ADH) from post. pit.

(these promote salt, water reabsorption)

3. Sympathetic innervation (reduce GFR)

Renal Clearance:

Volume of plasma cleared of a substance by the kidney.

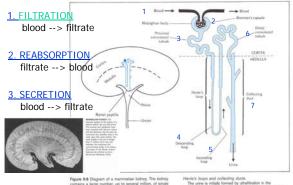
(Filtration, Reabsorption, Secretion)

Inulin (=GFR) b/c neither reabsorbed nor secreted

If clearance > GFR = secretion
If clearance < GFR = reabsorption

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gure 2.8 Diagram of a mammalian kidney. The kidney The sings number, up to several million of angle shippones. City one nephron is indicated in this diagram do at shown entireged to the night. The clute layer of the large the cortex contracts the faligaphies bodies and this partial and the distal convoluted bodies. The capitality stroke within the Balagiphies body at homora to the contracts within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke within the Balagiphies body at homora to the stroke the stroke within the Balagiphies body at homora to the stroke the stroke the stroke stroke the stroke the stroke stroke the stroke the stroke stroke the stroke st

fenie's loops and cofecting ducts.

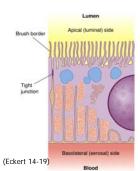
The uter is relially formed by ultrafiltration in the labelpinks books. The theref to is modified and greatly adapting the color. The three flats is modified and greatly educated in volume as it passes down the most study and the coloring ducts. These empty the usine six the merial levies, from where it is conveyed by the unset to the bladder. Reabsorption:

of 180 L/day filtered, ~178.5 L reabsorbed in humans

Lots of active transport of salts and other substances

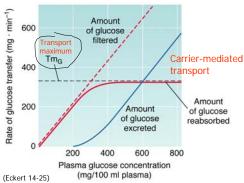
Tight junctions not so tight in proximal tubule, so water can move from filtrate to plasma

Because of reabsorption (and secretion), Renal clearance does NOT often equal GFR



Reabsorption limit – Glucose example

Tm at 300 mg/min/100ml plasma



Reabsorption:

Proximal Tubule 70% filtered Na<sup>+</sup> actively reabsorbed

(by Na<sup>+</sup>/K<sup>+</sup>ATPase pump in basolateral membrane) Cl<sup>-</sup> and water follow

75% of filtrate is reabsorbed

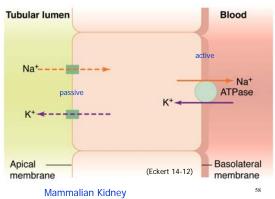
including glucose and amino acids (Na $^{\scriptscriptstyle +}$  dependent) also, phosphates, Ca $^{\scriptscriptstyle +}$ , electrolytes as needed

Parathyroid hormone controls phosphate and Ca+ reabsorp. triggers calcitriol production (Vit. D) for Ca+

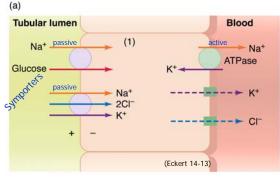
At end of proximal tubule filtrate is isoosmotic with plasma (~300mOsm)

however, remaining substances are 4x concentrated

#### Gradients established and used:



#### Gradients established and used:



Mammalian Kidney

Reabsorption:

#### Loop of Henle

#### Descending limb

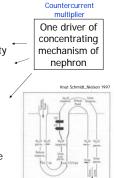
- -no active NaCl transport
  - -low urea and NaCl permeability
  - -permeable to water

#### Ascending thin limb

- -no active NaCl transport
- -but permeable to NaCl
- -low urea permeablity
- -low water permeability

#### Ascending thick limb

- -NaCl transported out of tubule
- -low water permeability



Reabsorption (and Secretion):

- <u>Distal Tubule</u>
  -K<sup>+</sup>, H<sup>+</sup>, NH<sub>3</sub> into tubule
  - -under endocrine control
  - -Na+, Cl-, HCO3- back into body
  - -water follows
  - (Na+ reabsorption facilitated by aldosterone)

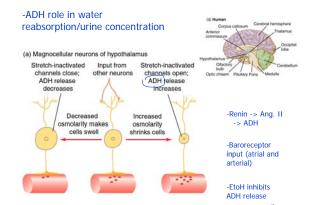
(Eckert 14-18)

Angiotensinogen  $\stackrel{\text{Renin}}{\longrightarrow}$  Ang. I  $\stackrel{\text{ACE in lung}}{\longrightarrow}$  Ang. II  $\longrightarrow$  aldosterone from adrenal cortex ADH from post. pit.

#### Collecting Duct

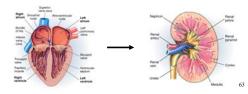
- -permeable to water
- -hormone control (ADH/vasopressin)
- -water (via aquaporins) follows osmotic gradient
- -permeable to Urea in inner medulla

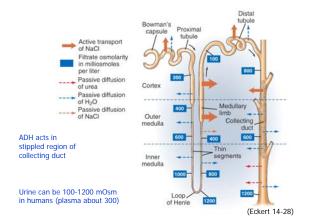
Another driver of concentrating mechanism of nephron



Atrial Natriuretic Peptide (ANP)

- -released by atrium cells in response to stretch (elevated BP)
- -opposite effect of renin-angiotensin system
- -decreases sodium reabsorption
- -therefore increased urine production
- -ANP inhibits release of ADH, renin, aldosterone





# Secretion: From plasma into tubule of nephron K+, H+, NH3, organic acids, organic bases Organic anions (OA'): Lumen Blood Liver conjugates toxins and waste to glucuronic acid Secreted into tubule lumen and excreted

Na/K-ATPase

Some organic ions secreted by the Table 14-9 Eckert proximal tubule Cations Anions Endogenous Endogenous Urates Dopamine Hippurates Epinephrine Norepinephrine Creatinine Oxalate Prostaglandins cAMP Exogenous Exogenous Furosemide Morphine Bumetanide Amiloride Penicillin Quinine Aspirin Atropine Isoproterenol Chlorothiazides

Countercurrent Exchangers (passive)

**Countercurrent Multipliers (active)** 

See p.736 in your text

-Active
Countercurrent
Multiplier

-Dynamic

Outer medula

Cortex and outer medulla

Cortex and outer medulla

Active transport of NaCi

Inner medulla

Passive diffusion of urea

Passive diffusion of NaCi

Passive diffusion of NaCi

Urine
concentrating
ability

Some urea
"recycled"

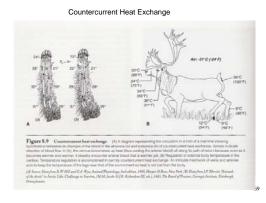
(Eckert
14-34)

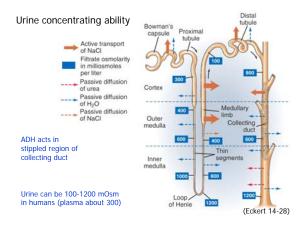
Passive diffusion of NaCi

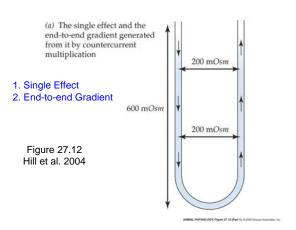
68

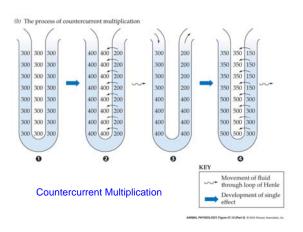
Endotherms in the COLD...

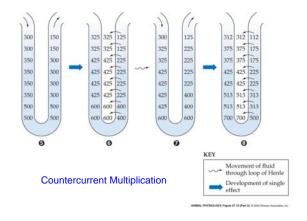
(Eckert 14-30)











Same story, different picture

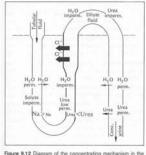


Figure 9.12 Diagram of the concentrating mechanism in th loop of Henle in the mammalian kidney during the formatio of concentrated urine. Active transport of chloride ion is indicated by heavy arrows; passive flux of water and urea by fioth arrows. Rokko and Tisher 1928.

Knut Schmidt\_Nielsen 1997

Non-mammalian kidneys:

- -Only birds also have loops of henle
- -Freshwater fish with more and larger glomeruli to make lots of dilute urine



- -Some marine fish without glomeruli or bowman's capsule – urine formed by secretion, ammonia secreted by gills
- -Osmoregulation also via extrarenal organs

