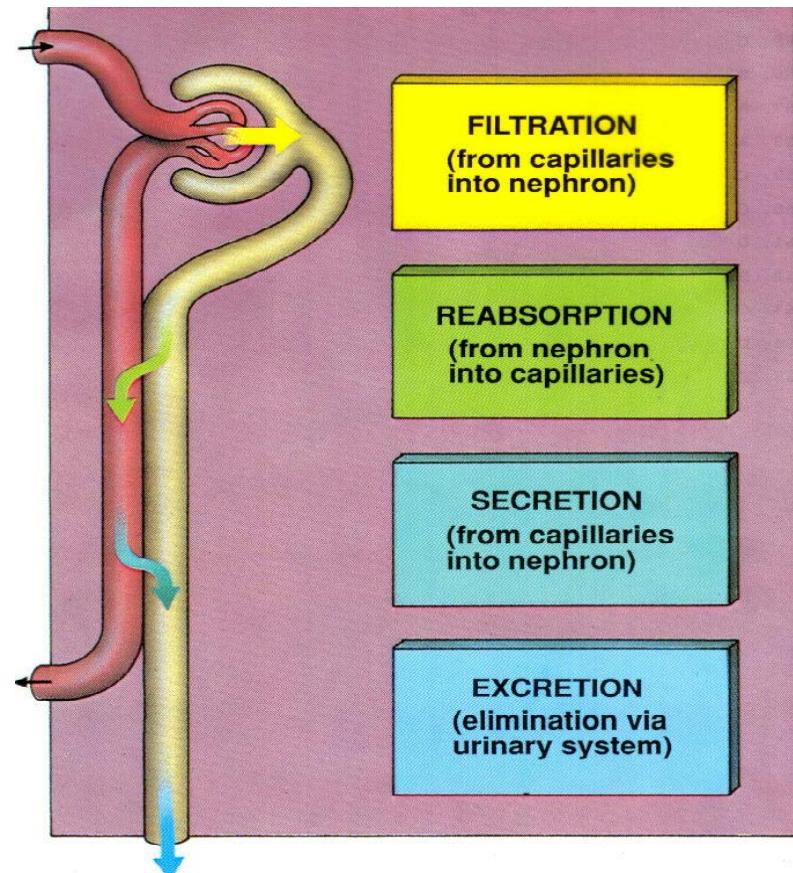


# Urinary system

Aleš Hampl

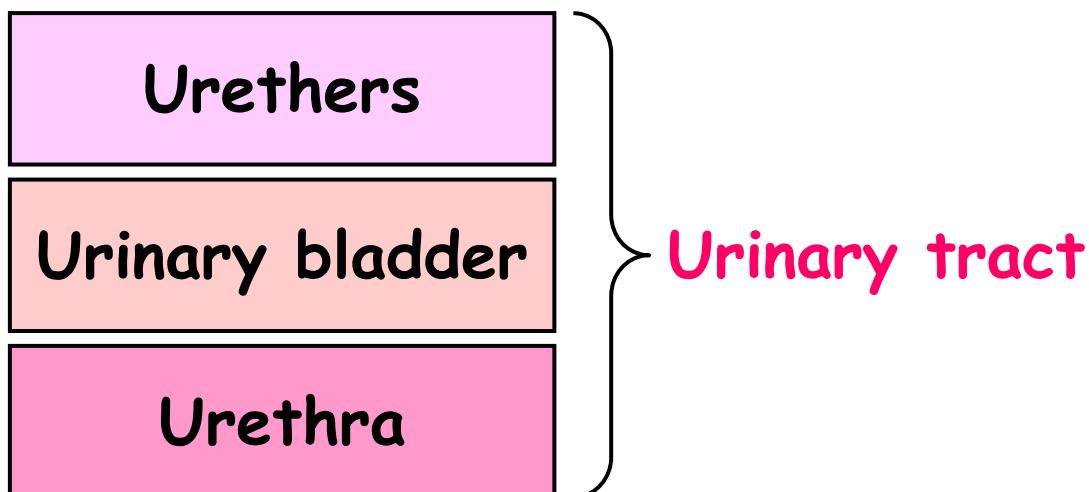
# Functions of urinary system

- 1. Regulating blood volume and pressure
- 2. Regulating plasma concentrations of sodium, potassium, chloride and other ions
- 3. Stabilising blood pH
- 4. Conserving nutrients
- 5. Detoxifying poisons (with the liver)

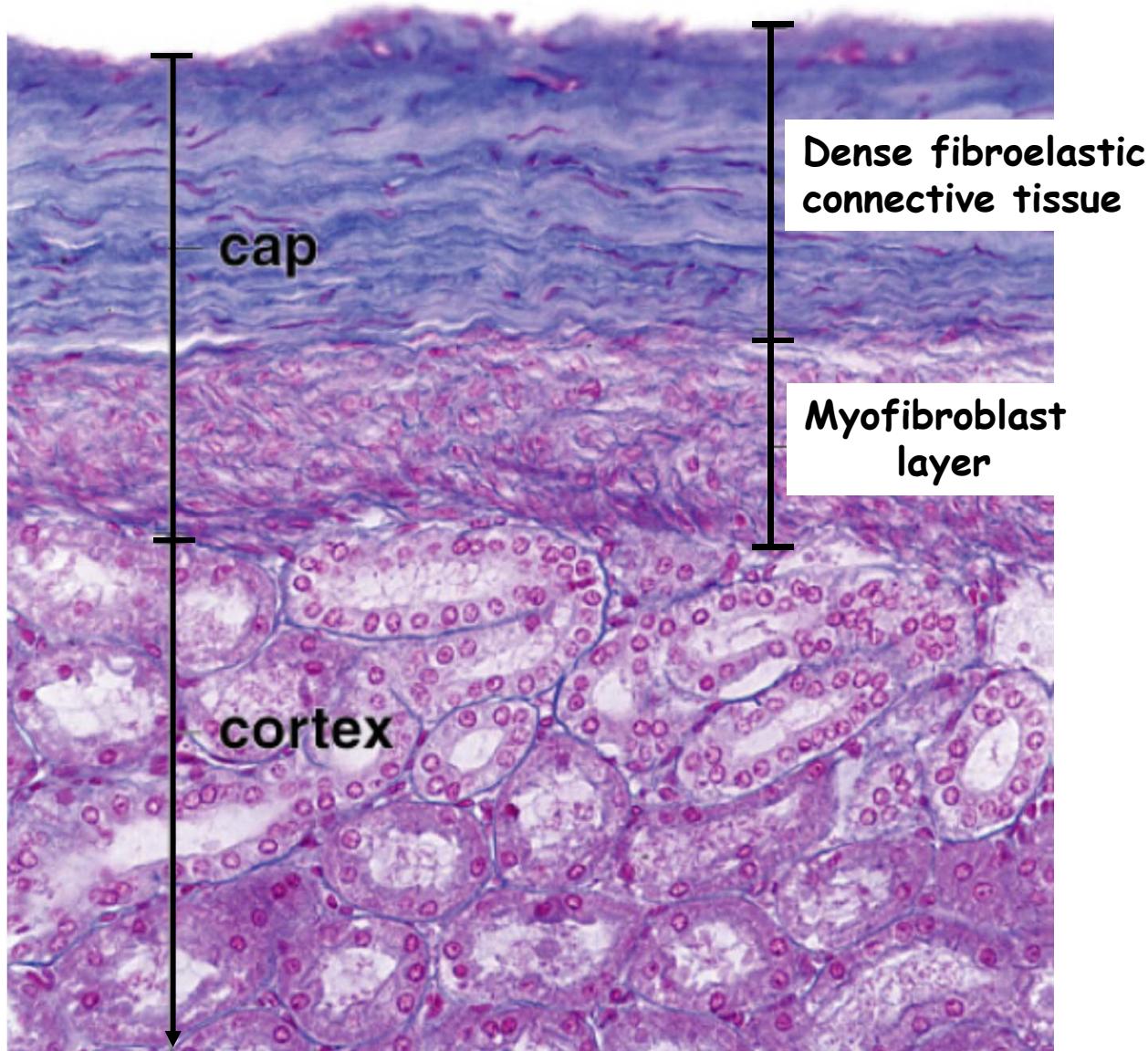


# Components of urinary system

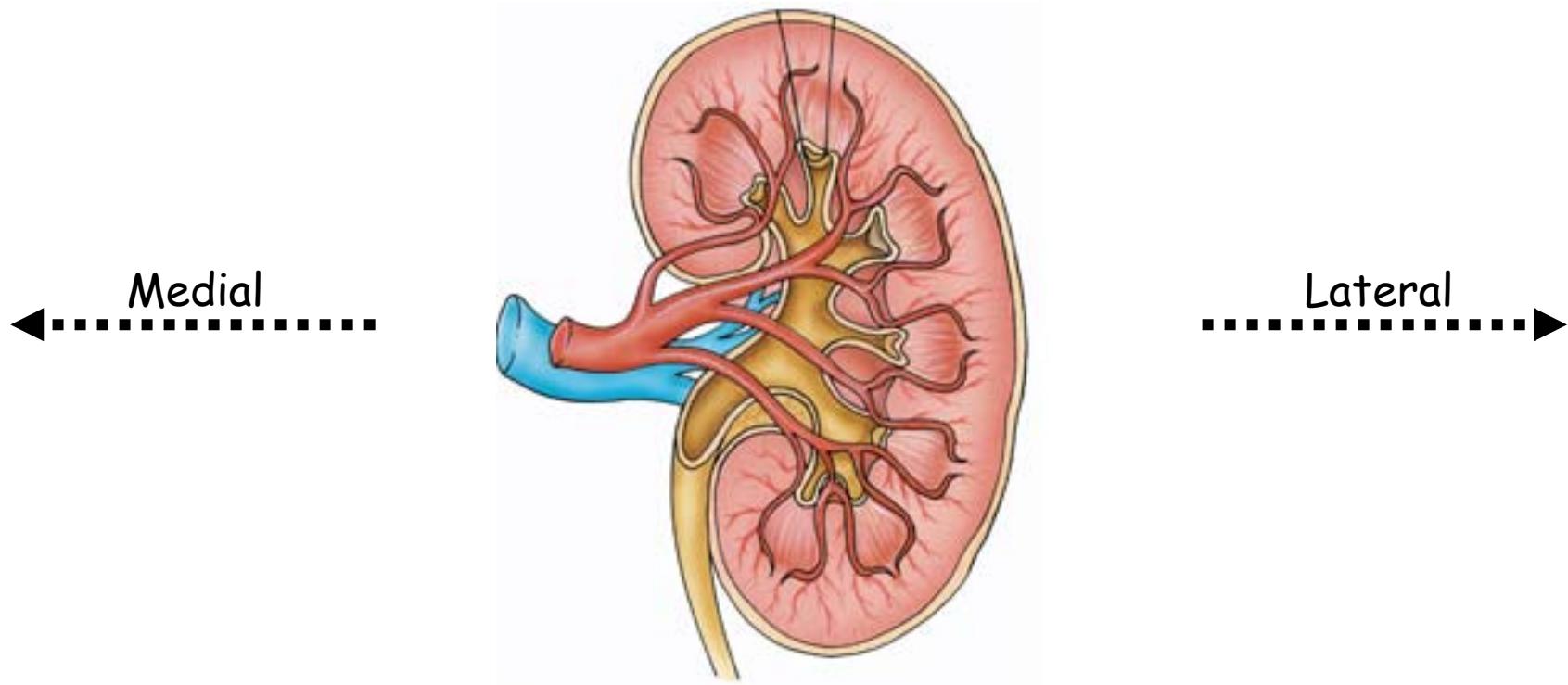
<b>Kidneys</b>  Paired bean-shaped retroperitoneal 11 x 4-5 x 2-3 cm	<b>Stroma</b> <ul style="list-style-type: none"><li>• <b>Capsule</b> dense fibroelastic connective tissue myofibroblast layer</li><li>• <b>Interstitial stroma</b> loose fibroelastic connective tissue</li></ul>
	<b>Parenchyma</b> <ul style="list-style-type: none"><li>• Nephrons</li><li>• Collecting ducts</li><li>• Vascular components</li></ul>



# Kidneys capsule



# Overall organization of kidney

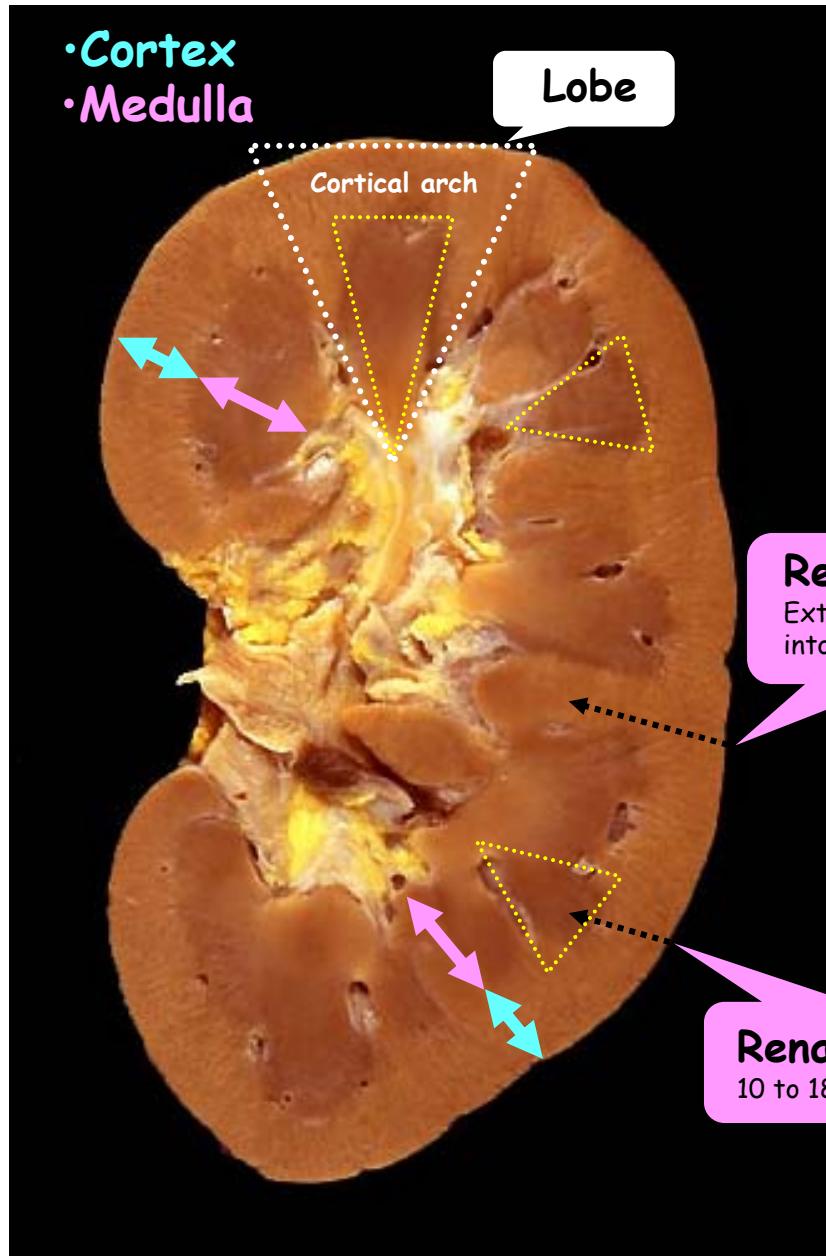


**Hilum** - portal for renal vessels, nerves and urether

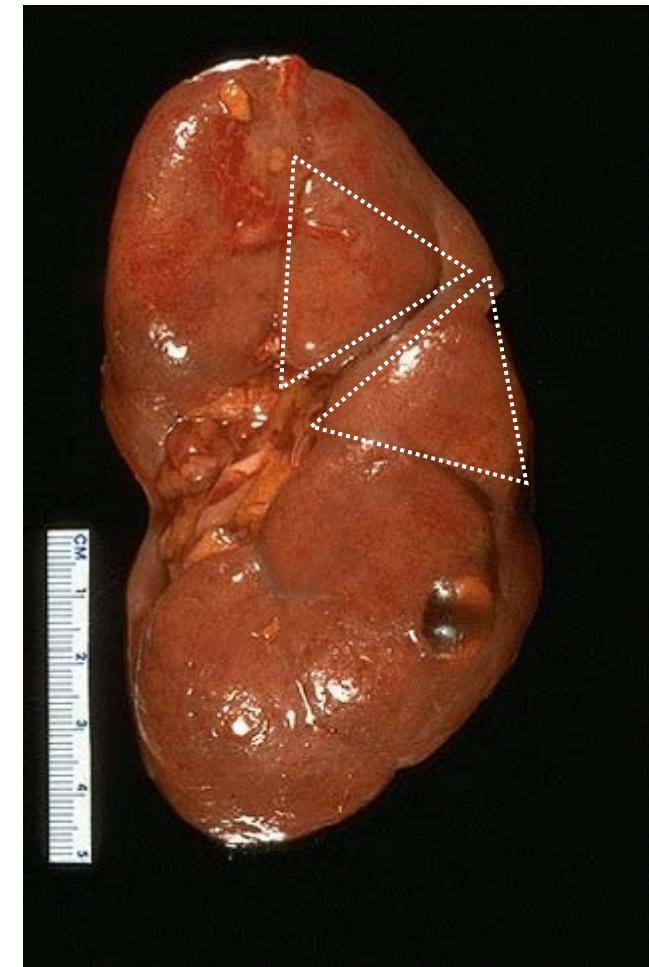
**Renal sinus** - cavity deep to hilum occupied by renal pelvis and vessels

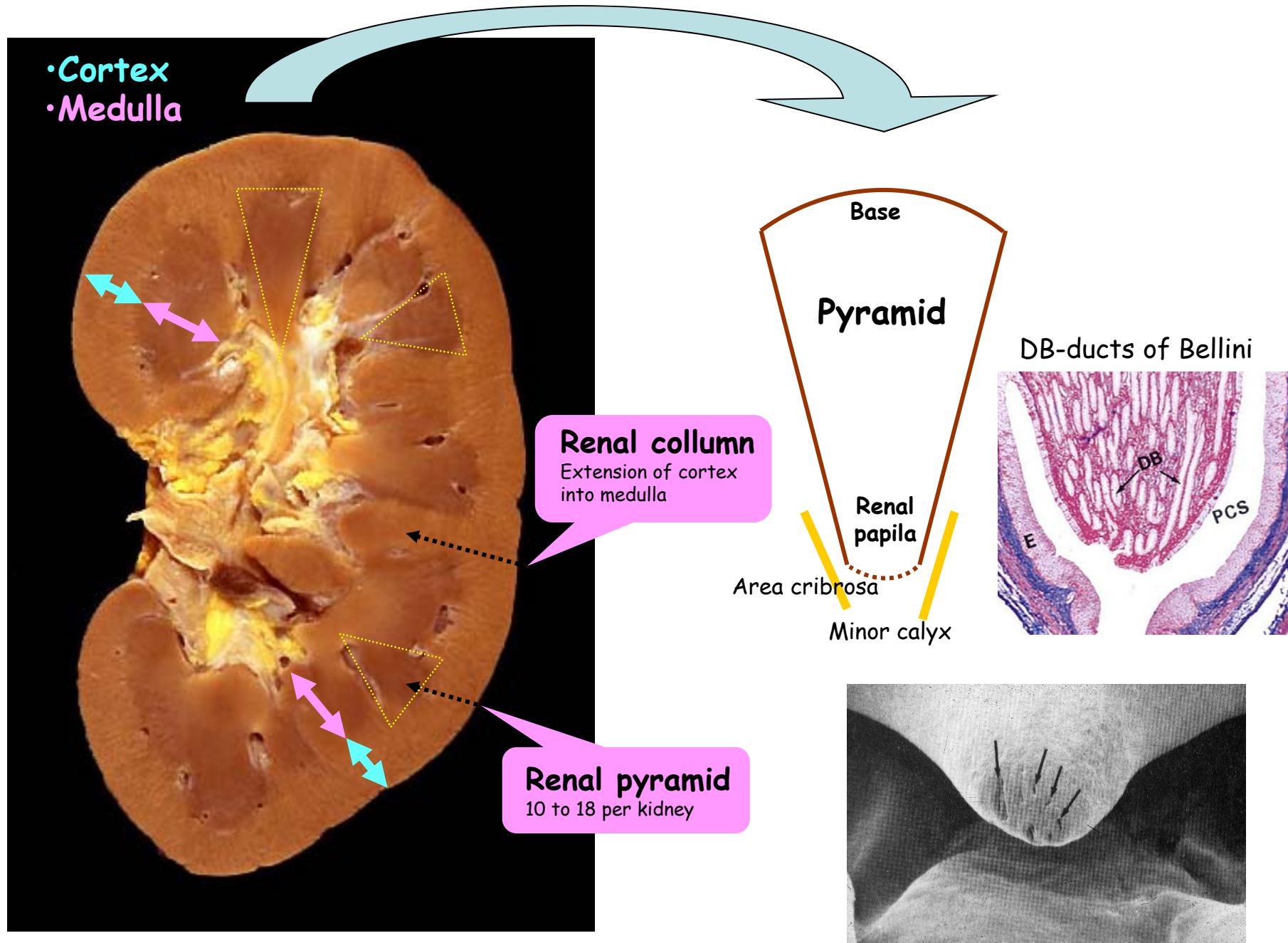
**Renal pelvis** - expansion of ureter, extension to **major and minor calyces**

**Renal parenchyma** - medulla + cortex

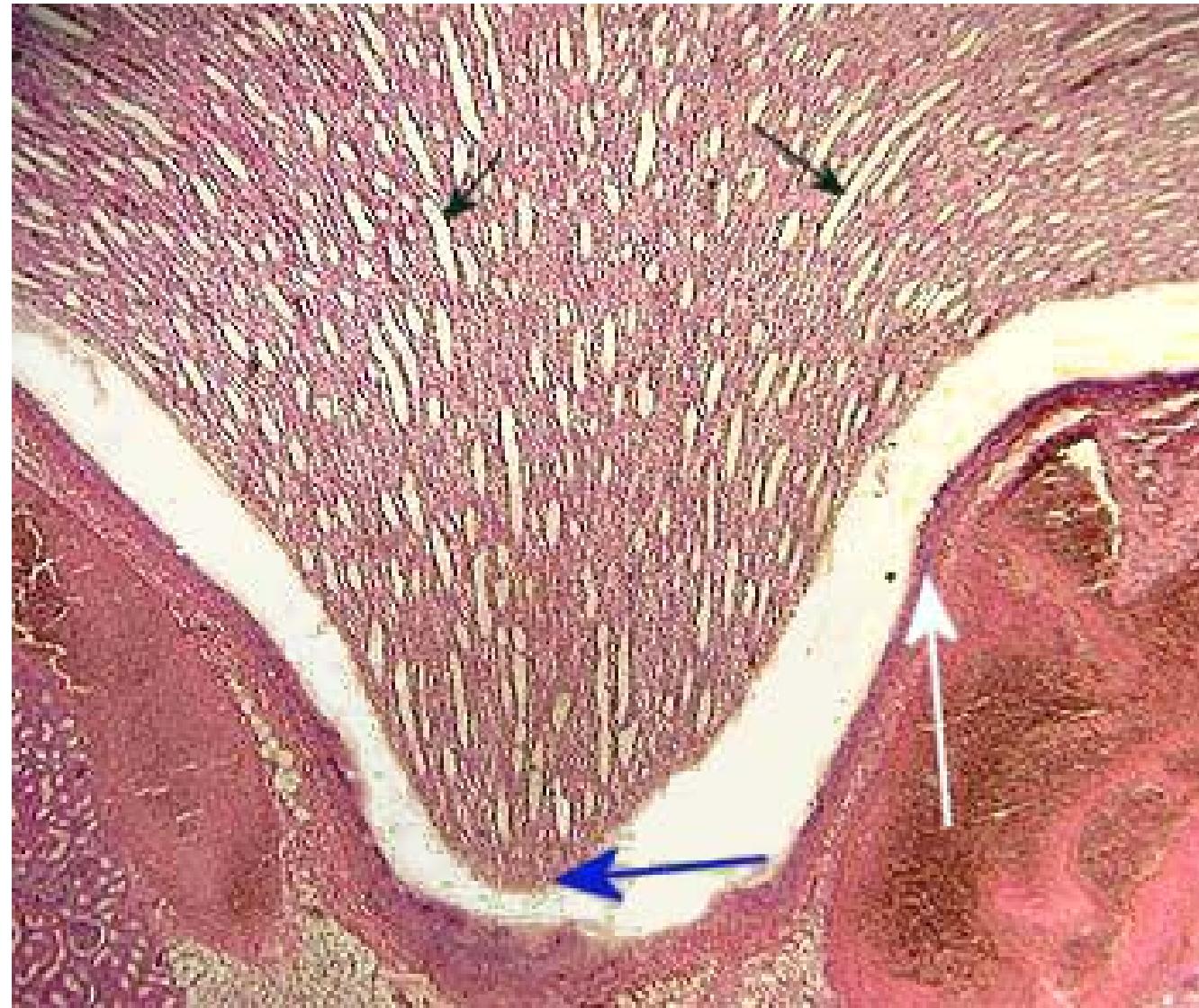


Lobular structure of the kidney

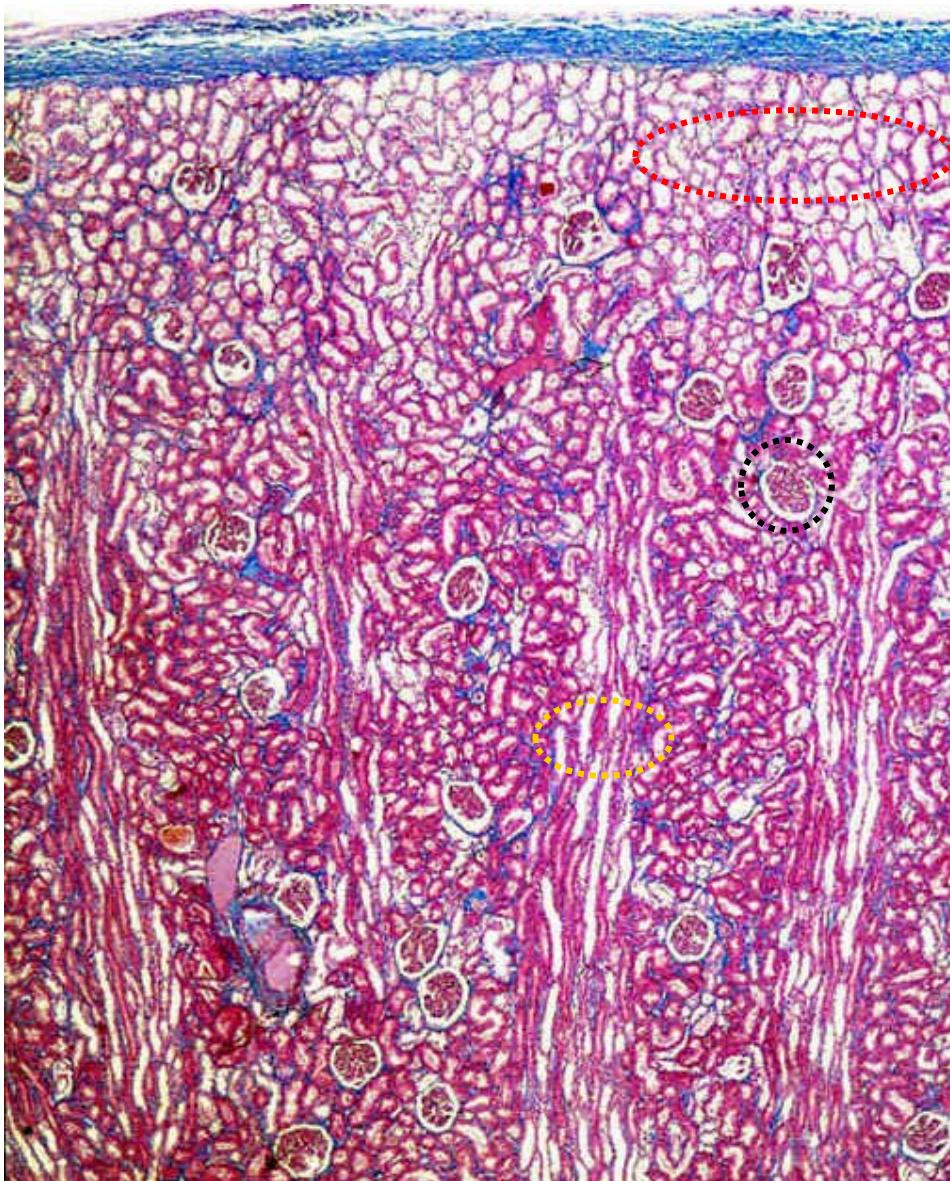




## Kidney medulla



# Kidney cortex



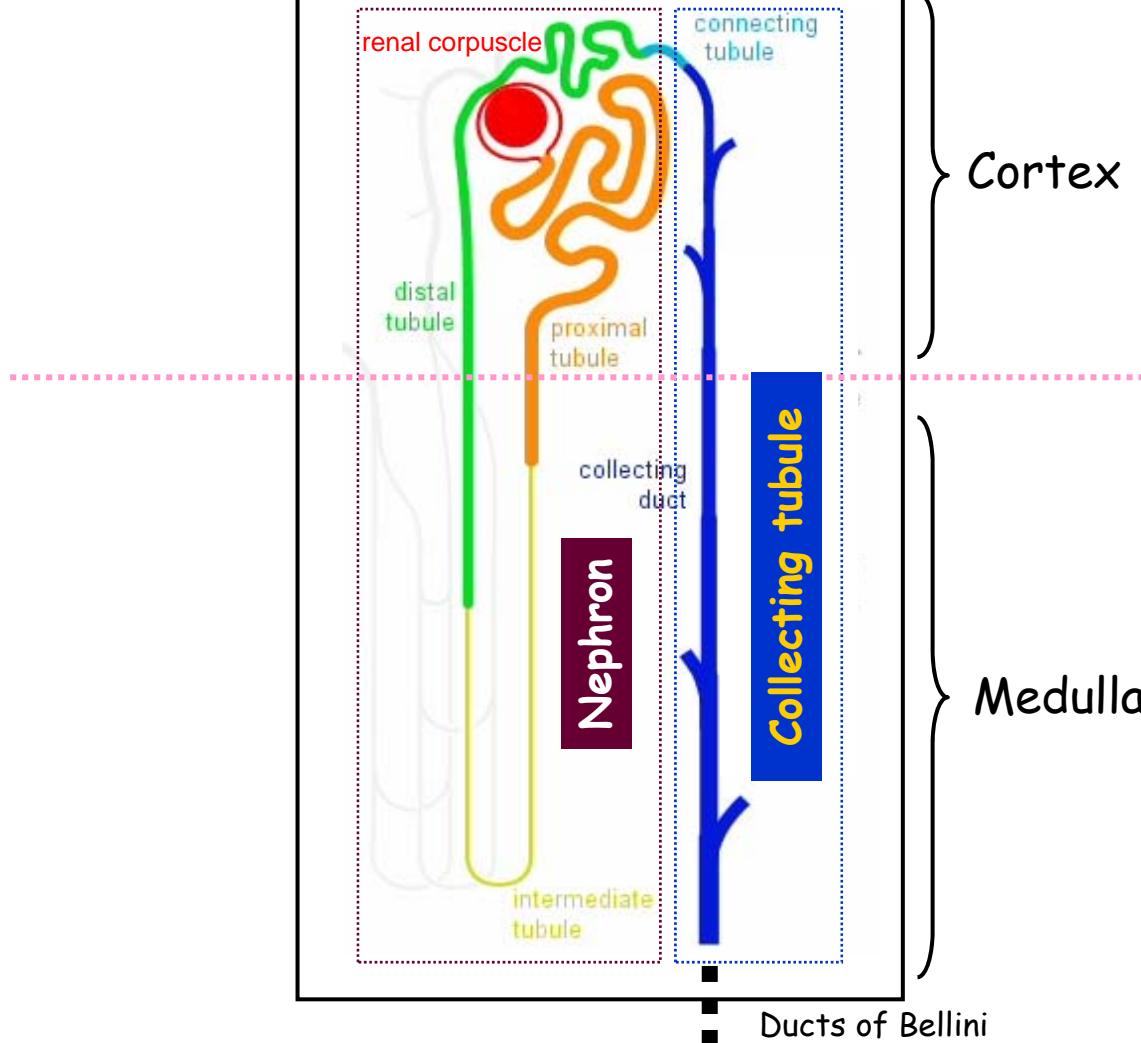
**Cortical labyrinth**  
(convoluted tubules)

**Renal corpuscles**

**Cortical rays**  
(continuation of collecting  
ducts from renal pyramids)

# Uriniferous tubule

= The functional unit of the kidney



1 to 1.4 millions  
of nephrons  
in one kidney

Nephrons X Collecting tubules  
Different embryological origin

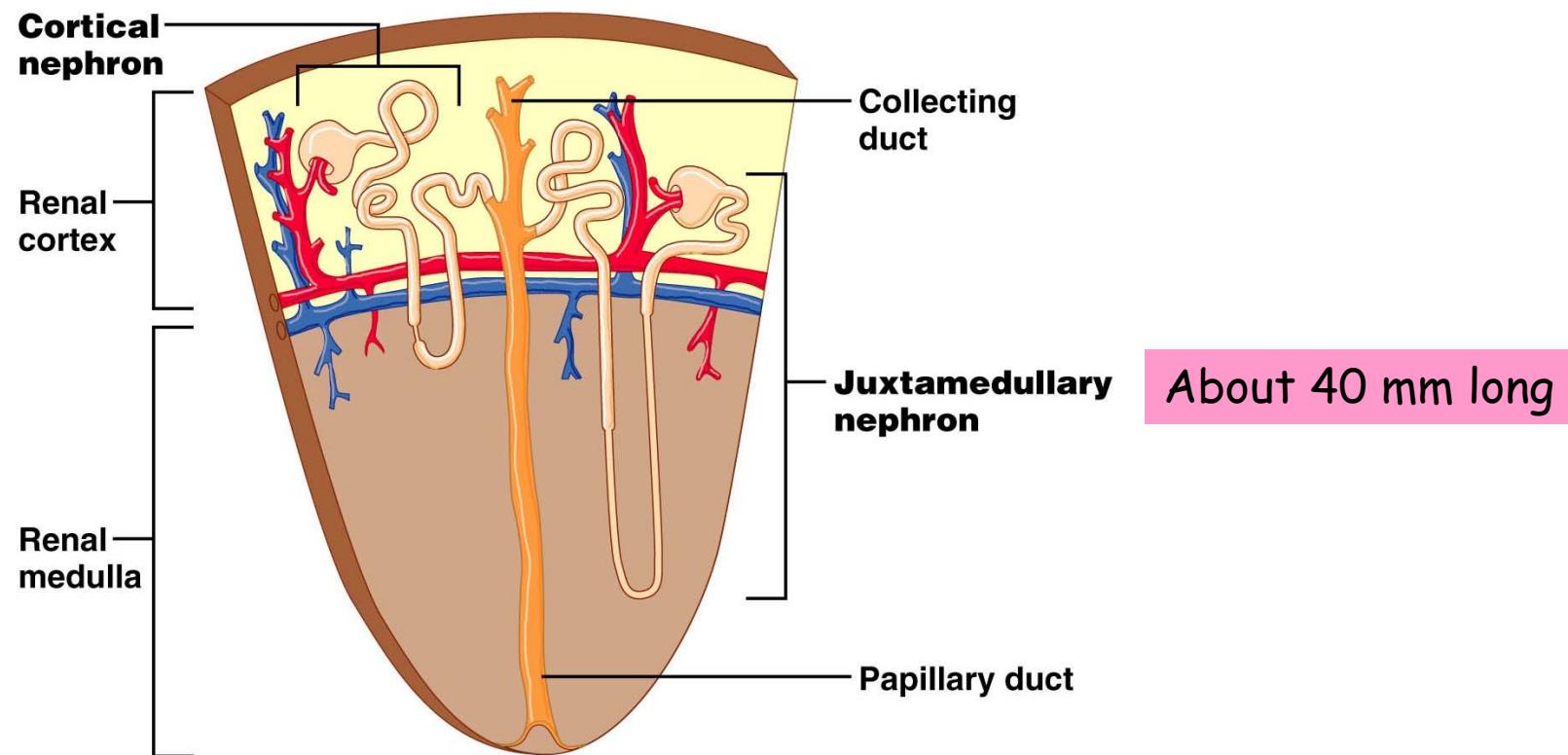
# Nephron

Cortical nephrons

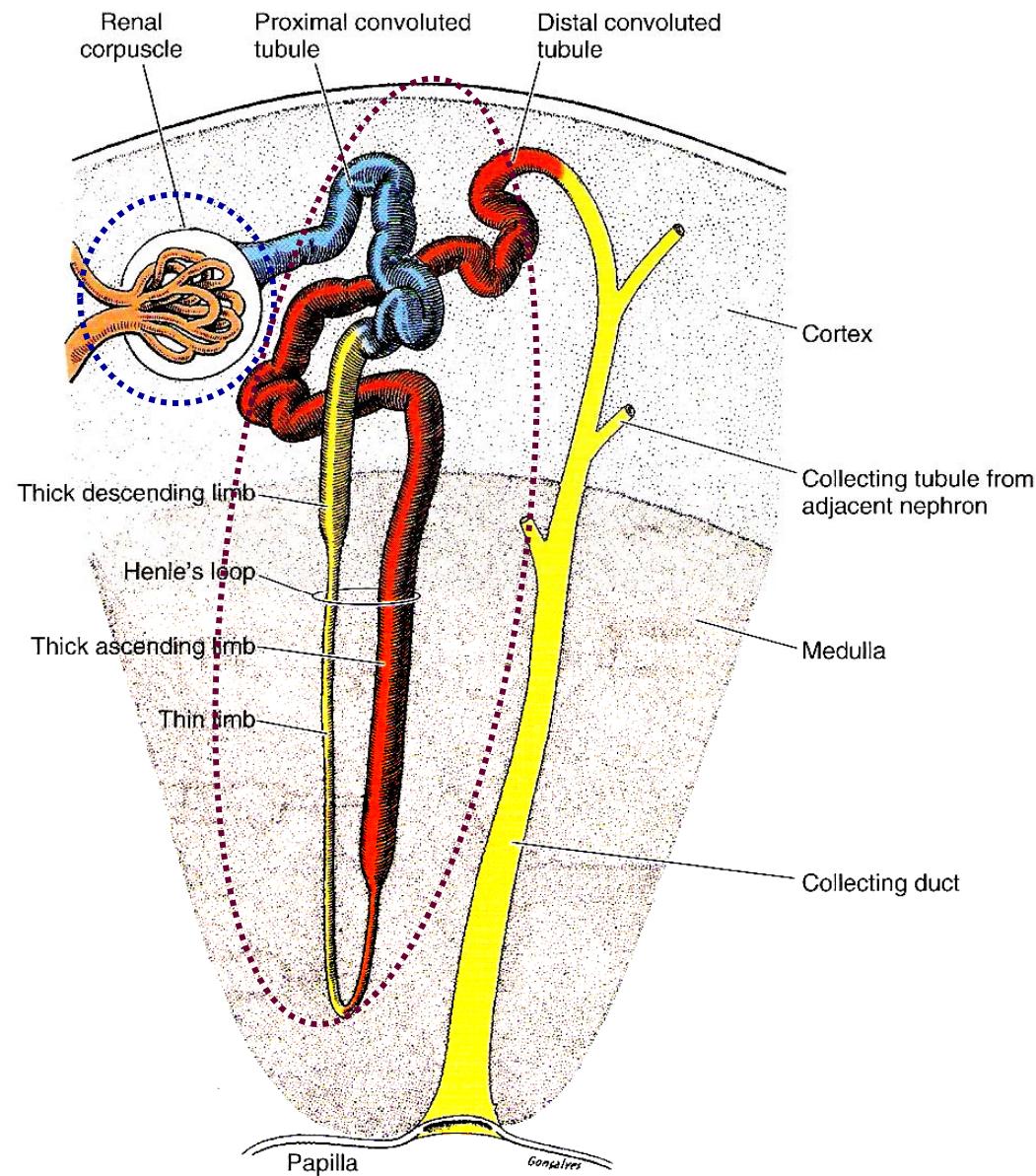
85% of nephrons

Juxtamedullary nephrons

15% of nephrons



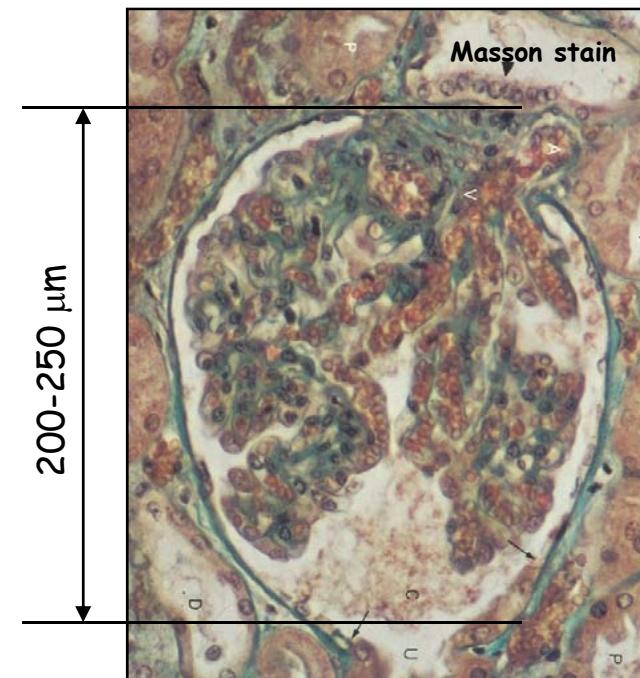
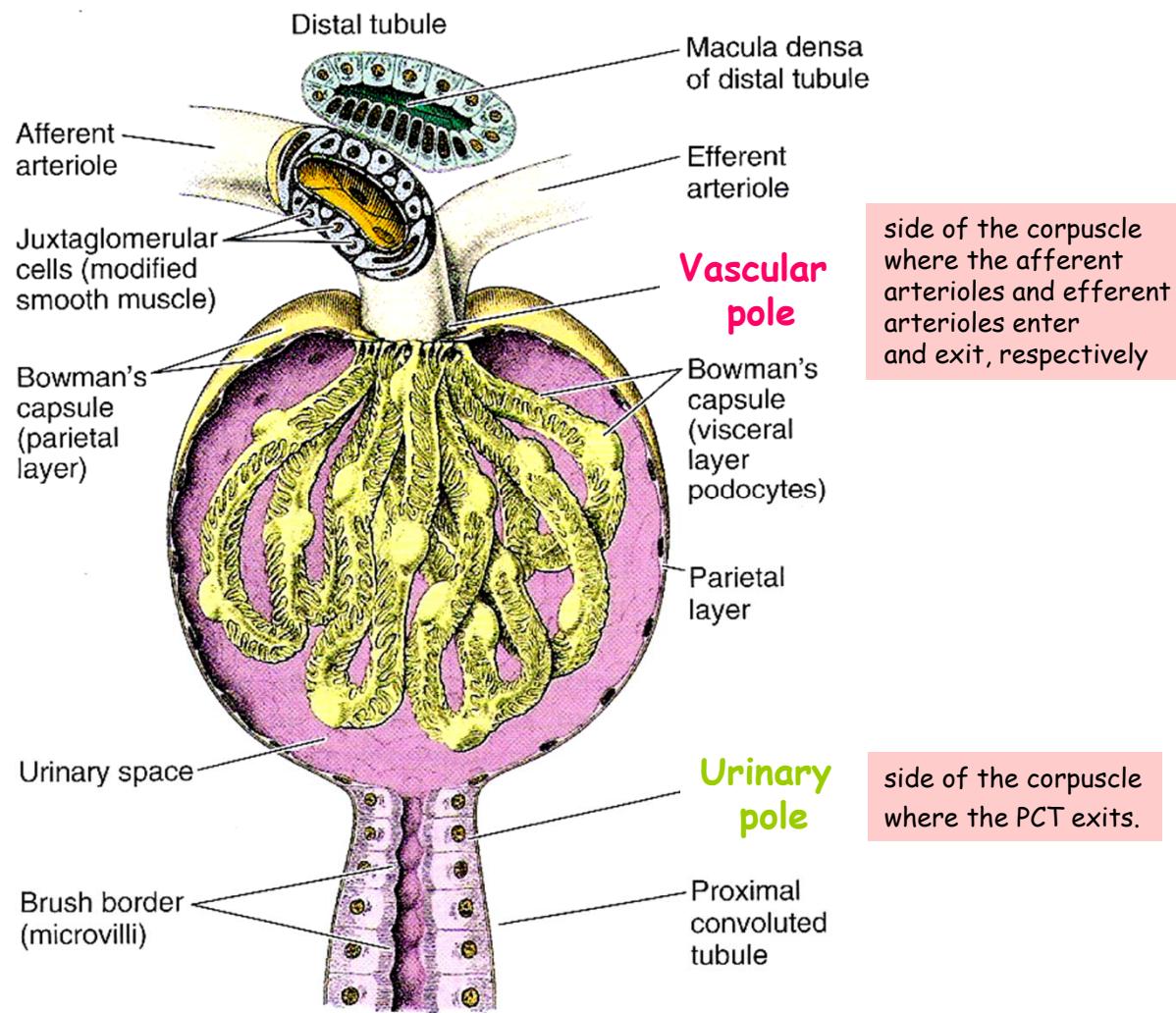
# Nephron



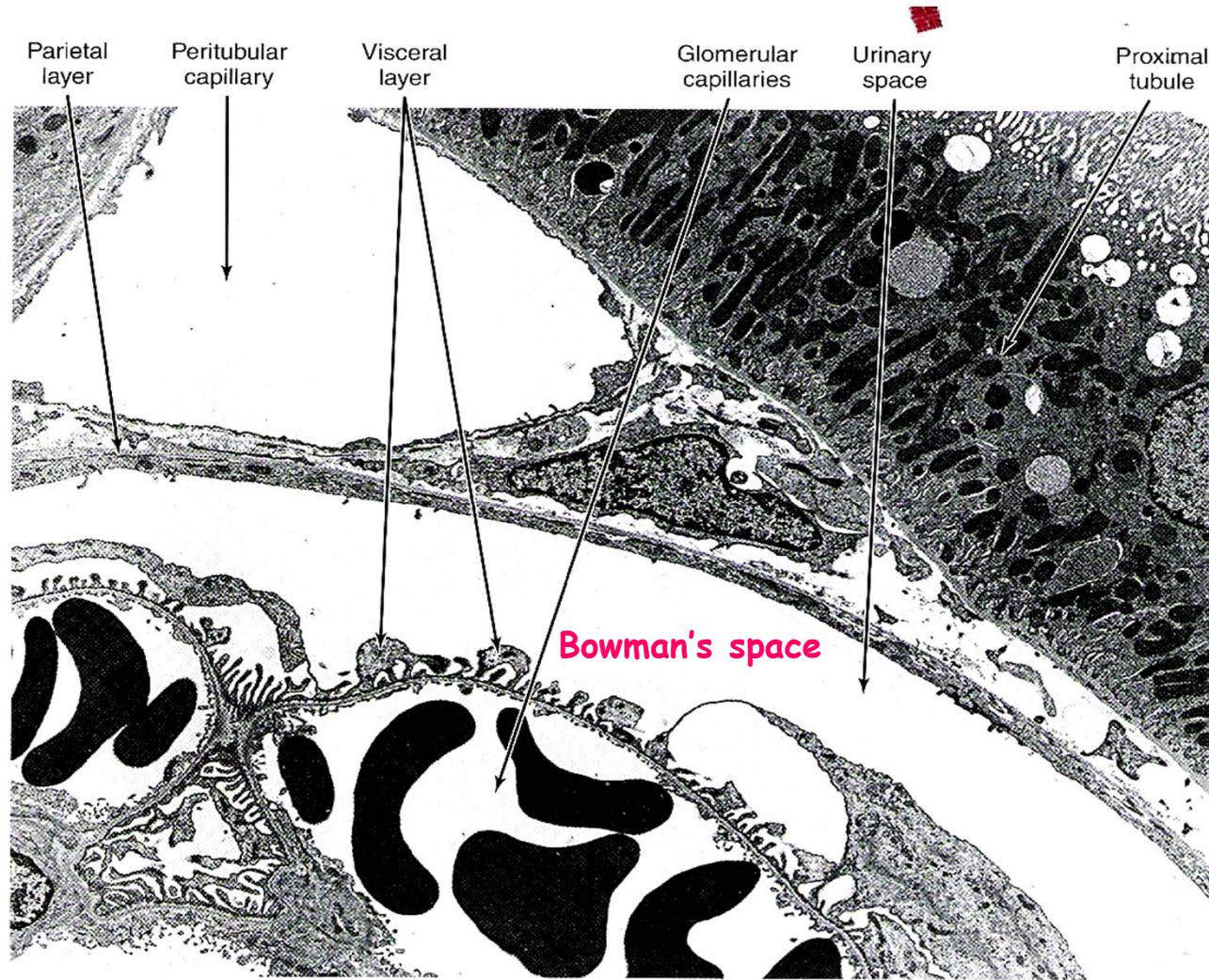
# Nephron - Renal corpuscle 1

Glomerulus - tuft of capillaries

Bowman's capsule - invaginated dilatation of proximal tubule

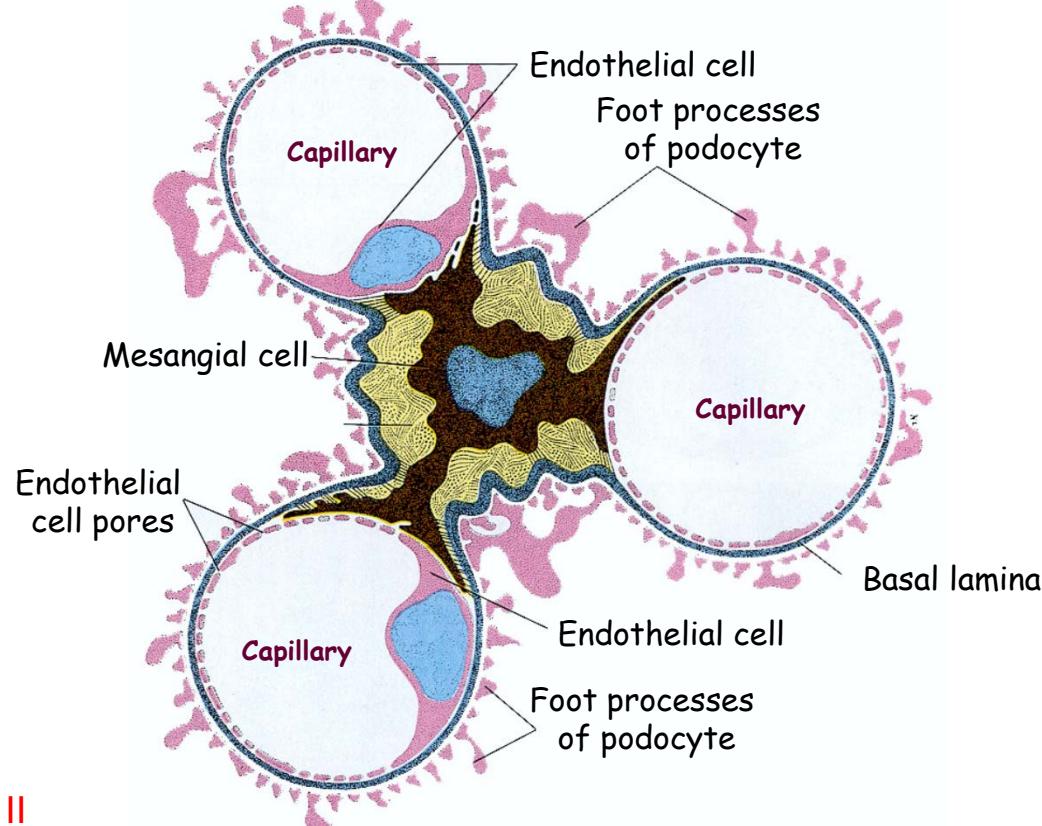
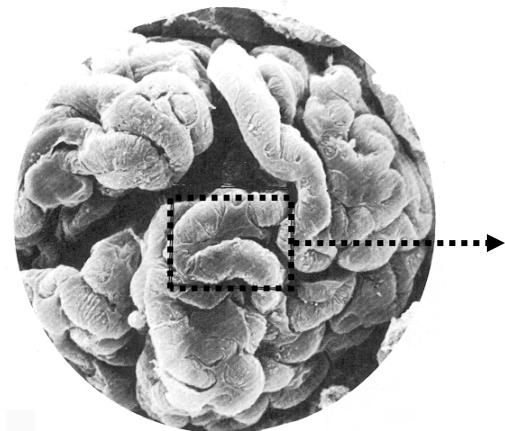
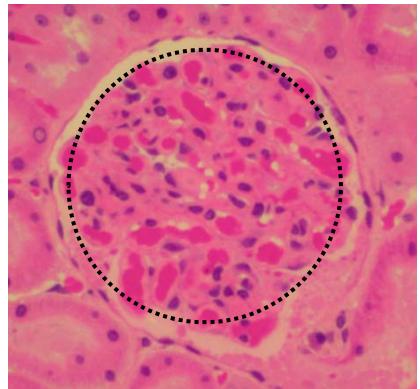


## Nephron - Renal corpuscle 2



# Nephron - Glomerulus 1

Endothelial cell + Basal lamina + Podocytes + Mesangial cells

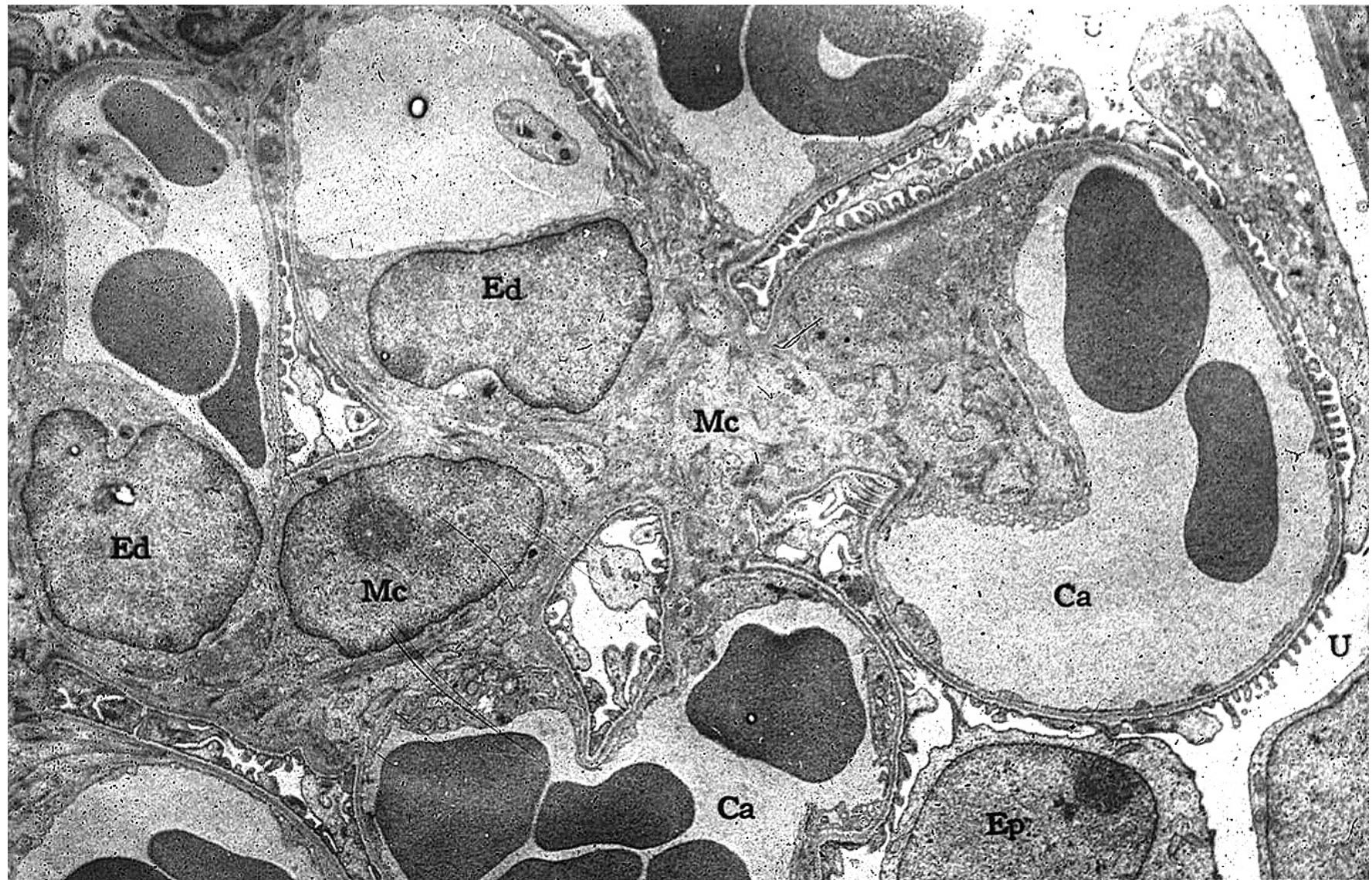


## Mesangial cells

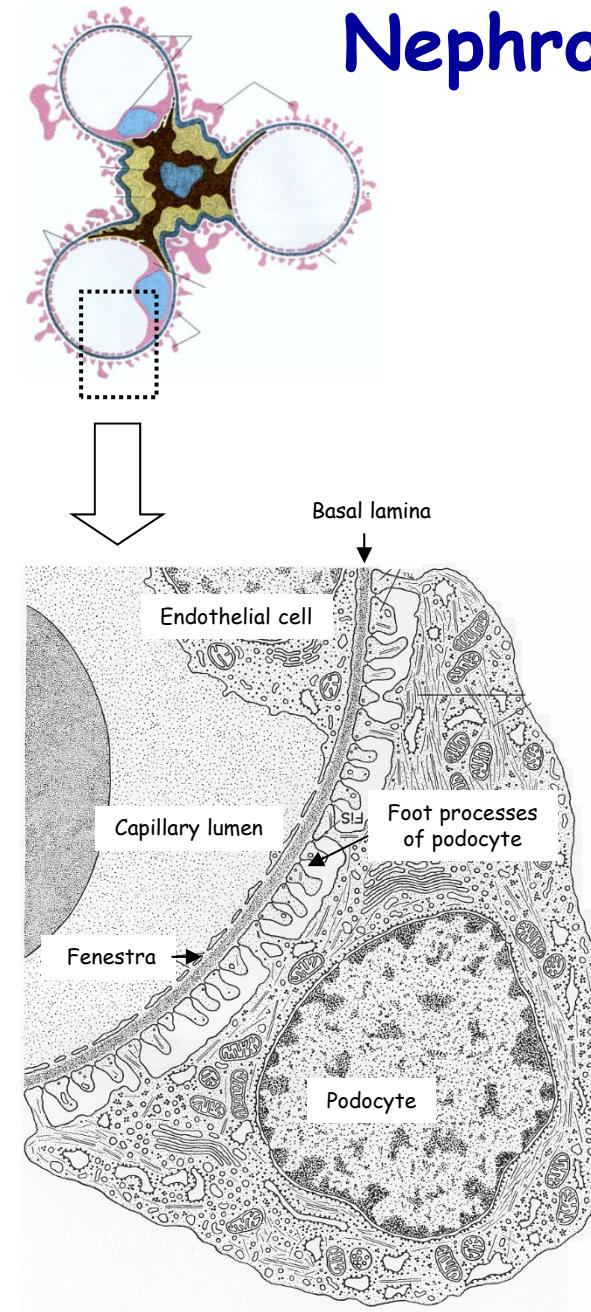
- Contractile - receptors for angiotensin II
- Give structural support to the glomerulus, synthesize ECM
- Endocytose and dispose of normal and pathologic molecules trapped by the glomerular basement membrane
- Produce chemical mediators such as cytokines and prostaglandins

**Lamina Rara** - contain fibronectin (bind them to cells) - **physical barrier**  
**Lamina Densa** - meshwork of Type IV collagen and laminin in a matrix contg (-) charged heparan sulfate that restricts passage of cationic molecules - **charge barrier**

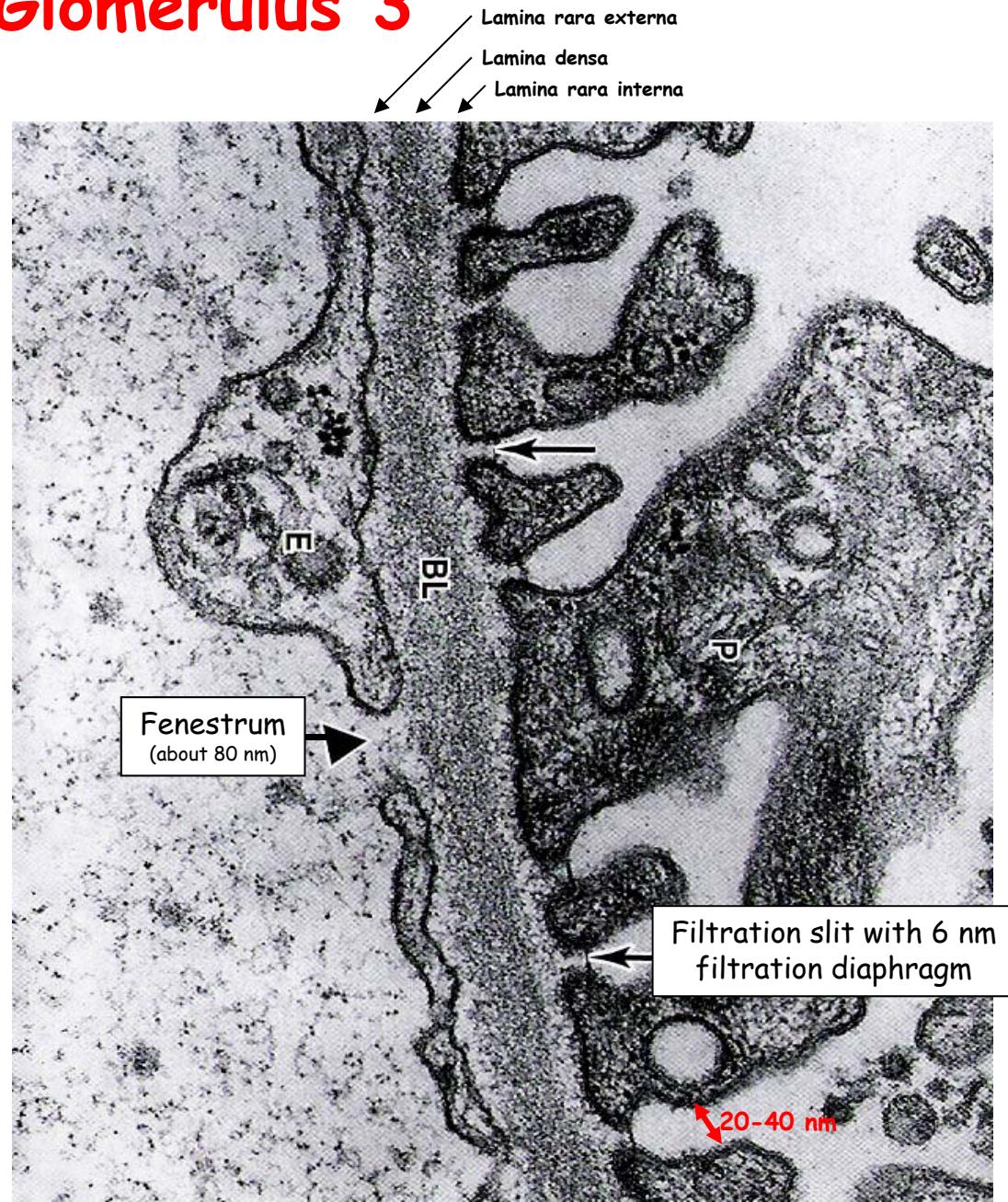
## Nephron - Glomerulus 2



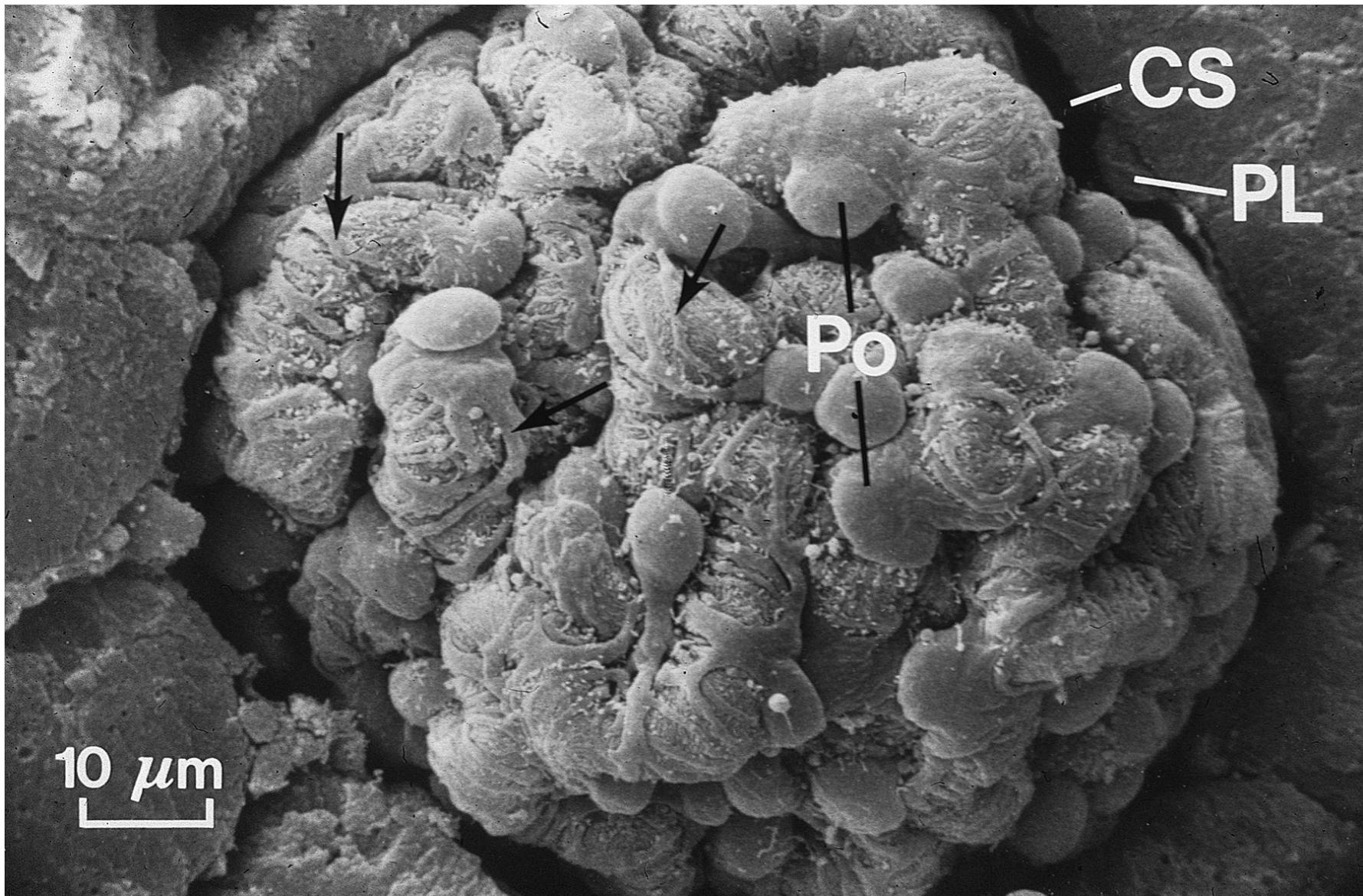
# Nephron - Glomerulus 3

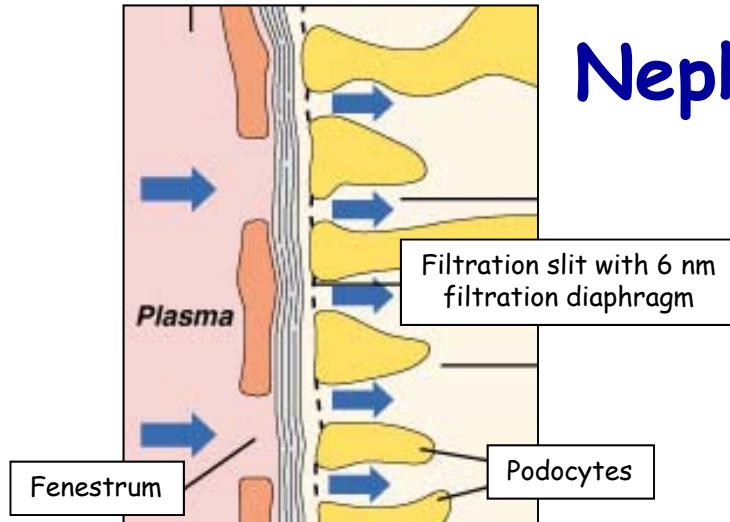


Fenestra: 70 - 90 nm

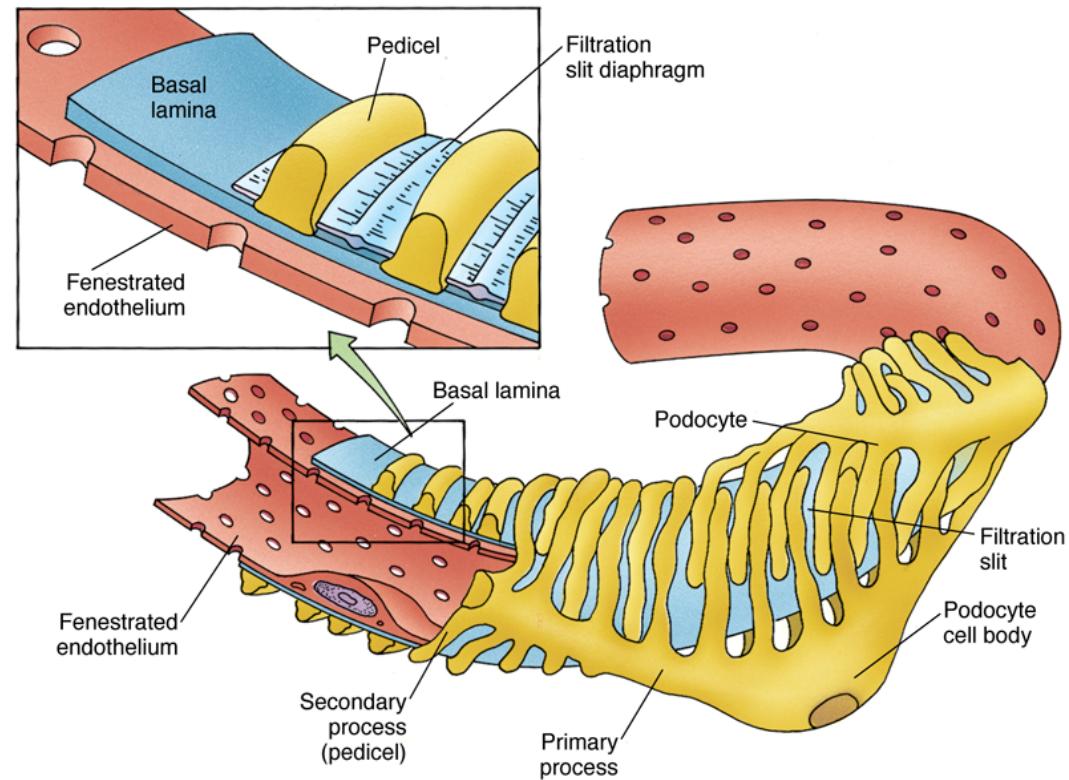


# Nephron - Glomerulus - Podocyte 1



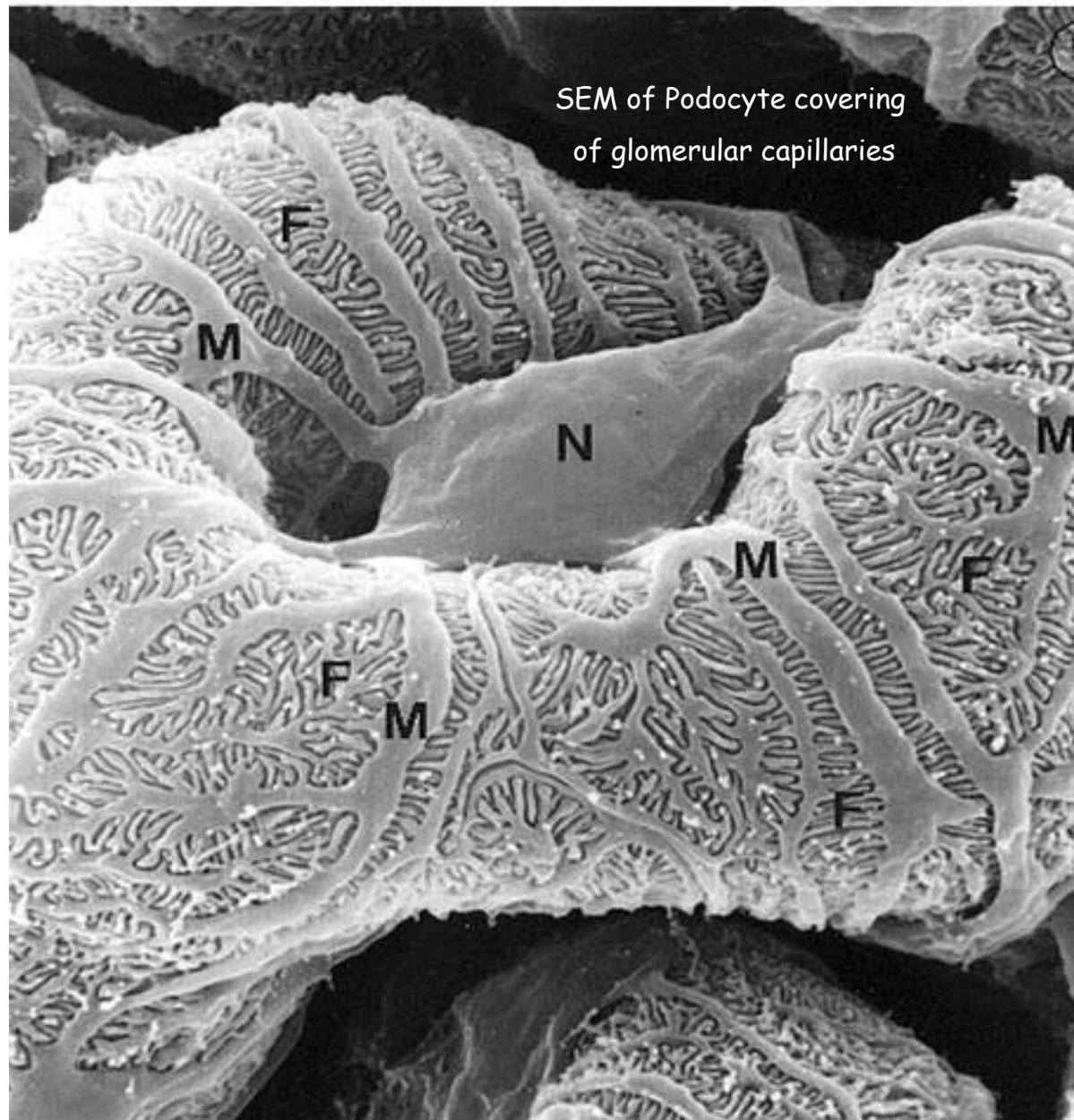


## Nephron - Glomerulus - Podocyte 2



**Primary processes**  
X  
**Secondary processes**

# Nephron - Glomerulus - Podocyte 3

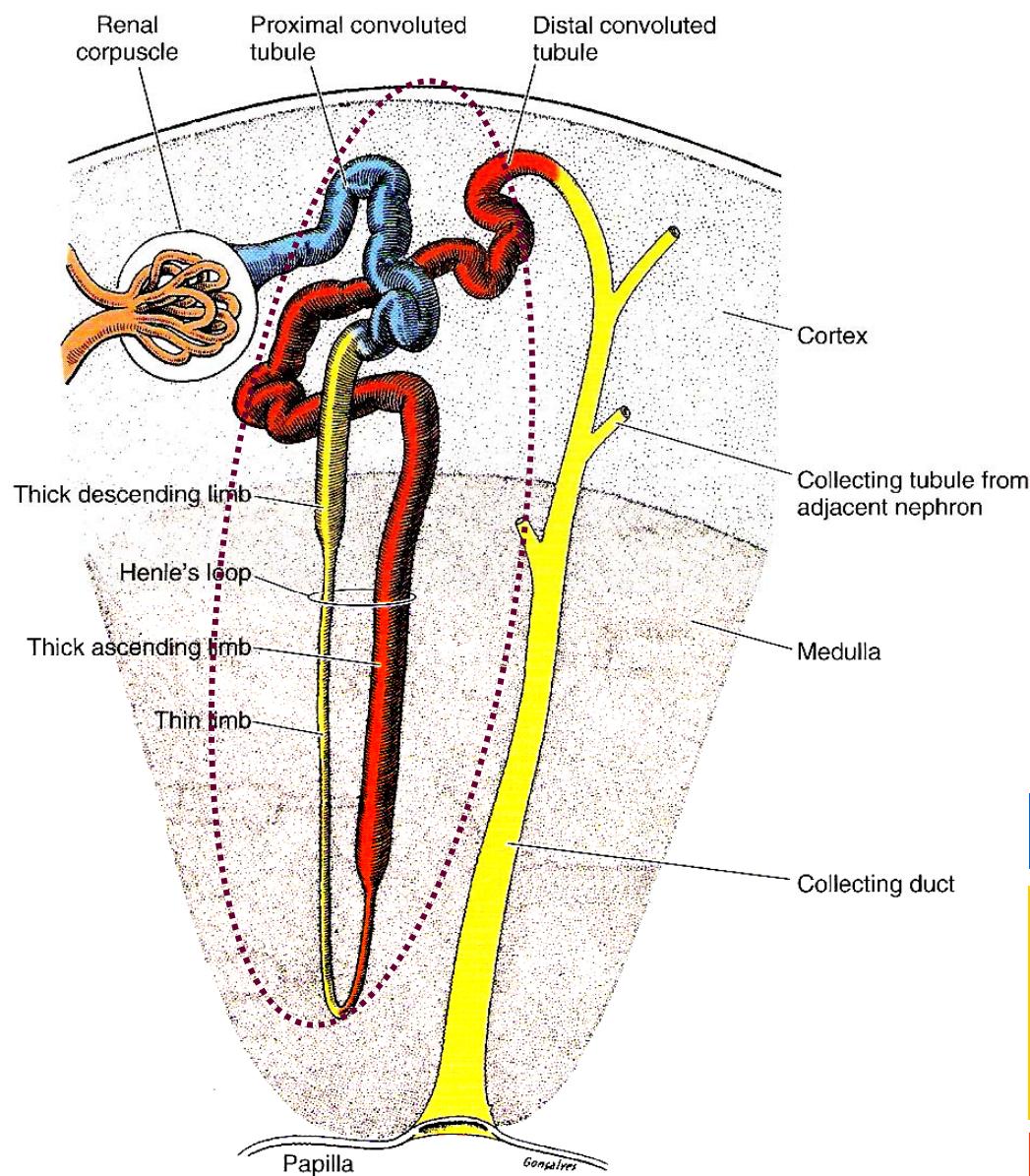


# Nephron - Glomerulus - Podocyte

„Octopus-like cell“



# Nephron - Tubular section 1



## Proximal convoluted tubulus

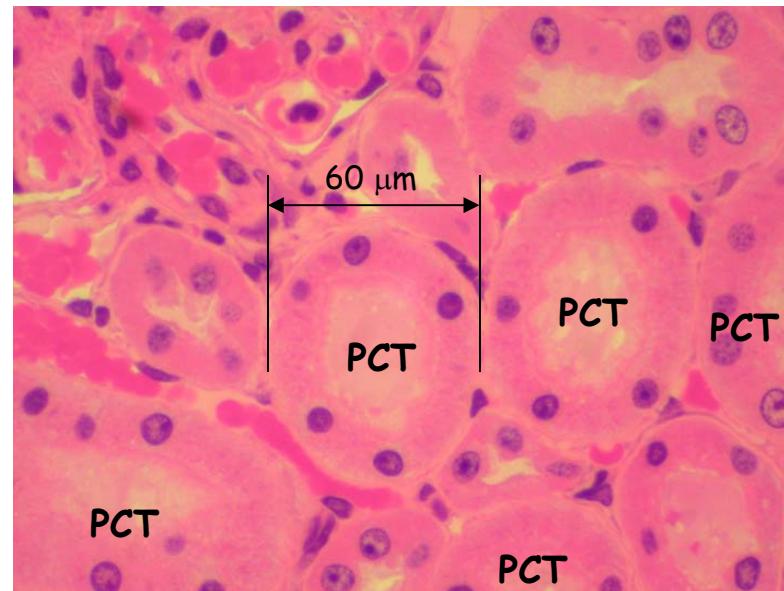
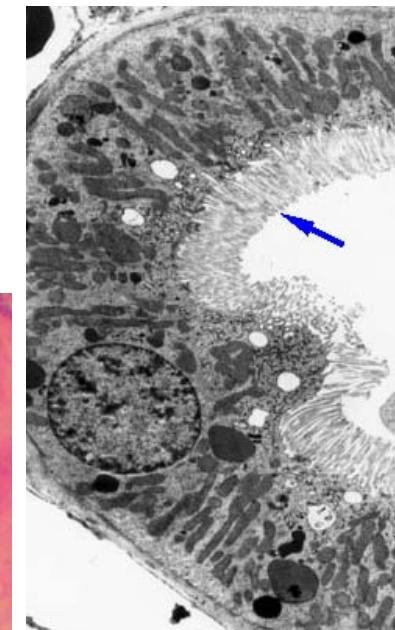
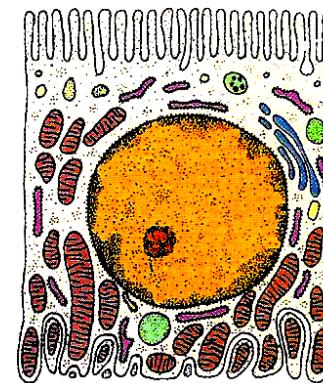
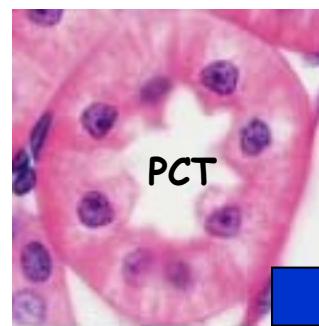
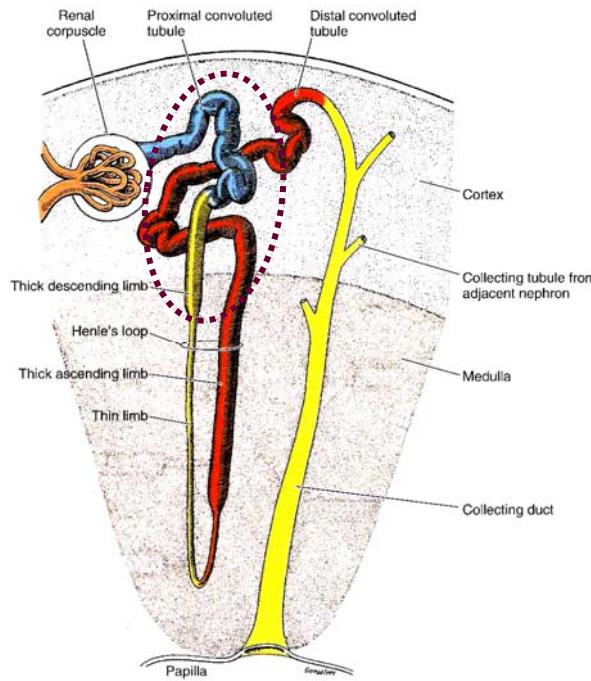
### Henle's loop

- Thick descending limb
- Thin limb
- Thick ascending limb

## Distal convoluted tubulus

# Nephron - Tubular section 2

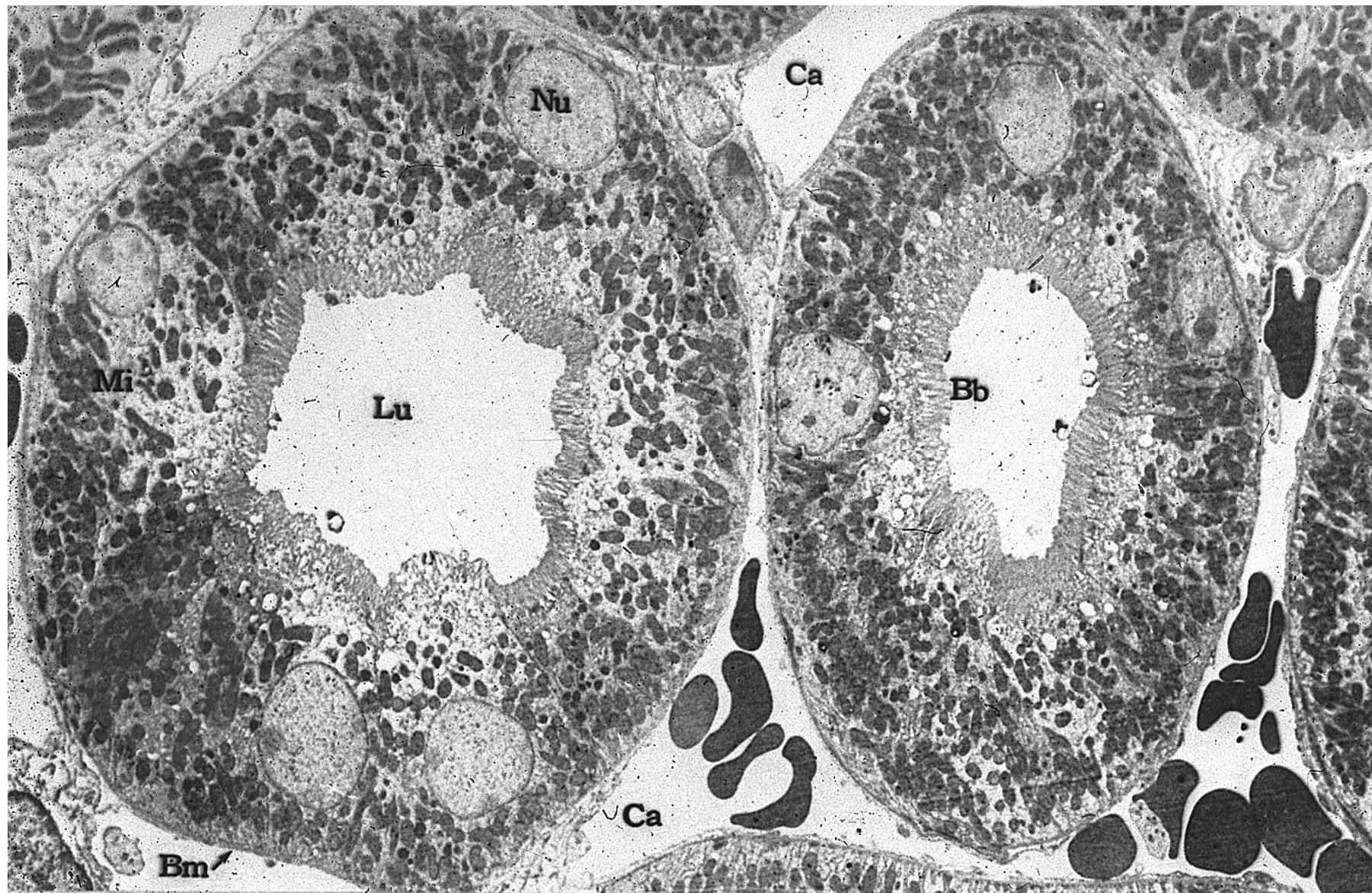
Proximal convoluted tubulus + Thick descending limb of HL  
= 14 mm in length



## Reabsorption

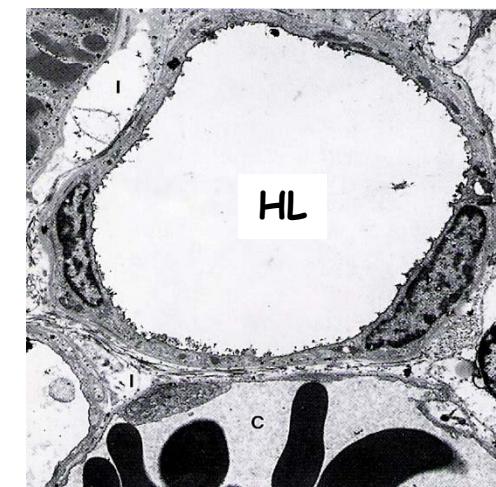
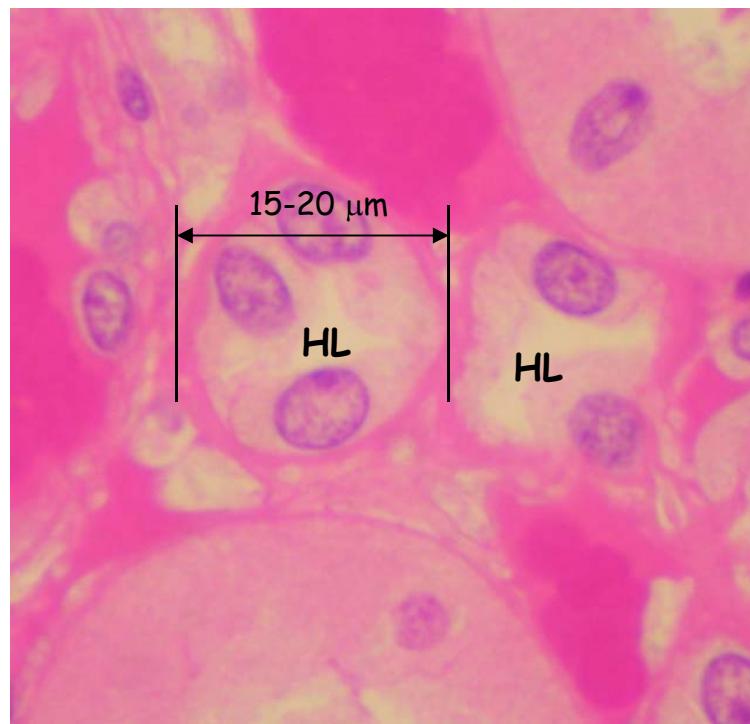
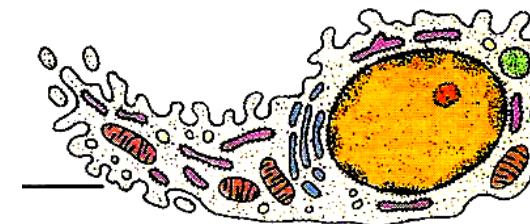
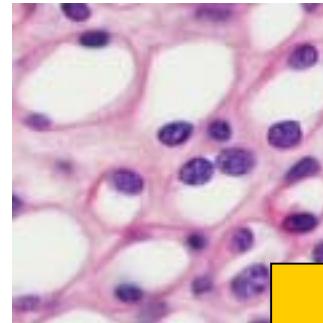
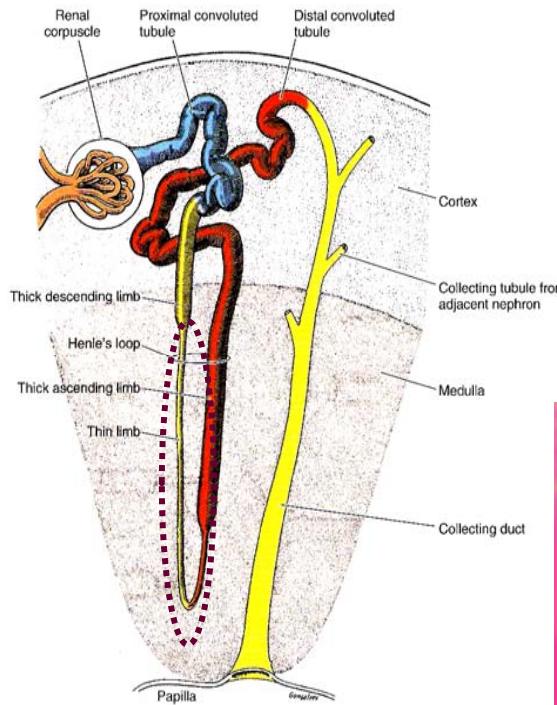
$\frac{3}{4}$  of sodium, Cl, K, H<sub>2</sub>O, amino acids, proteins

## Proximal convoluted tubuli



# Nephron - Tubular section 3

Thin descending limb of HL + Thin ascending limb of HL  
= 9-10 mm in length

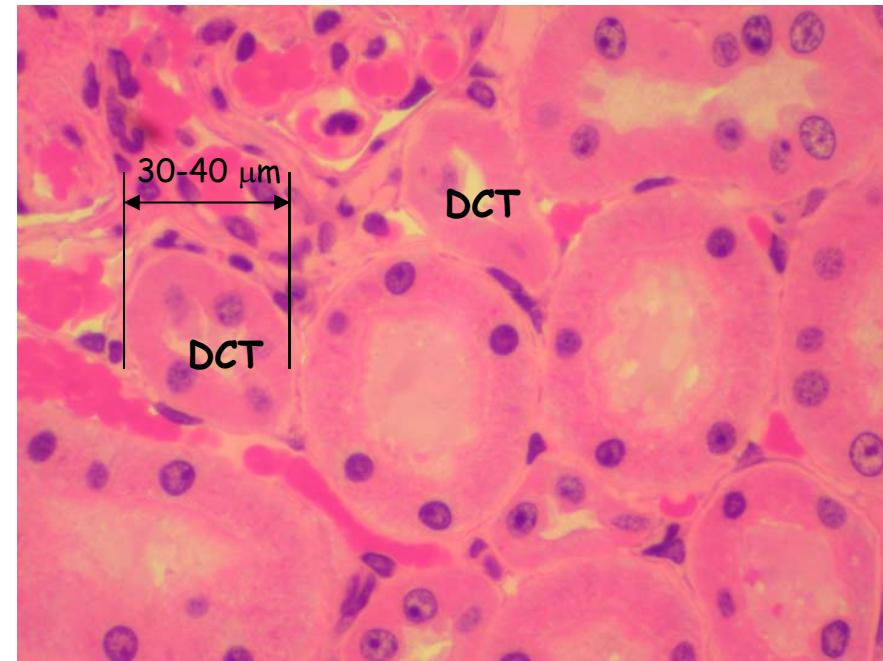
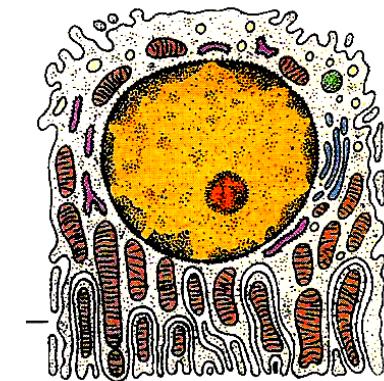
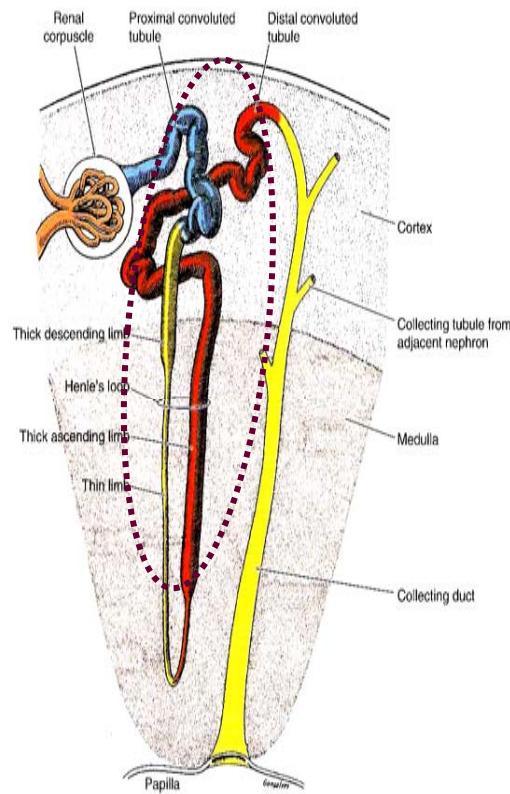


**Reabsorption**  
 $H_2O$

# Nephron - Tubular section 4

Thick ascending limb of HL + Distal convoluted tubulus

9-10 mm in length + 4-5 mm in length

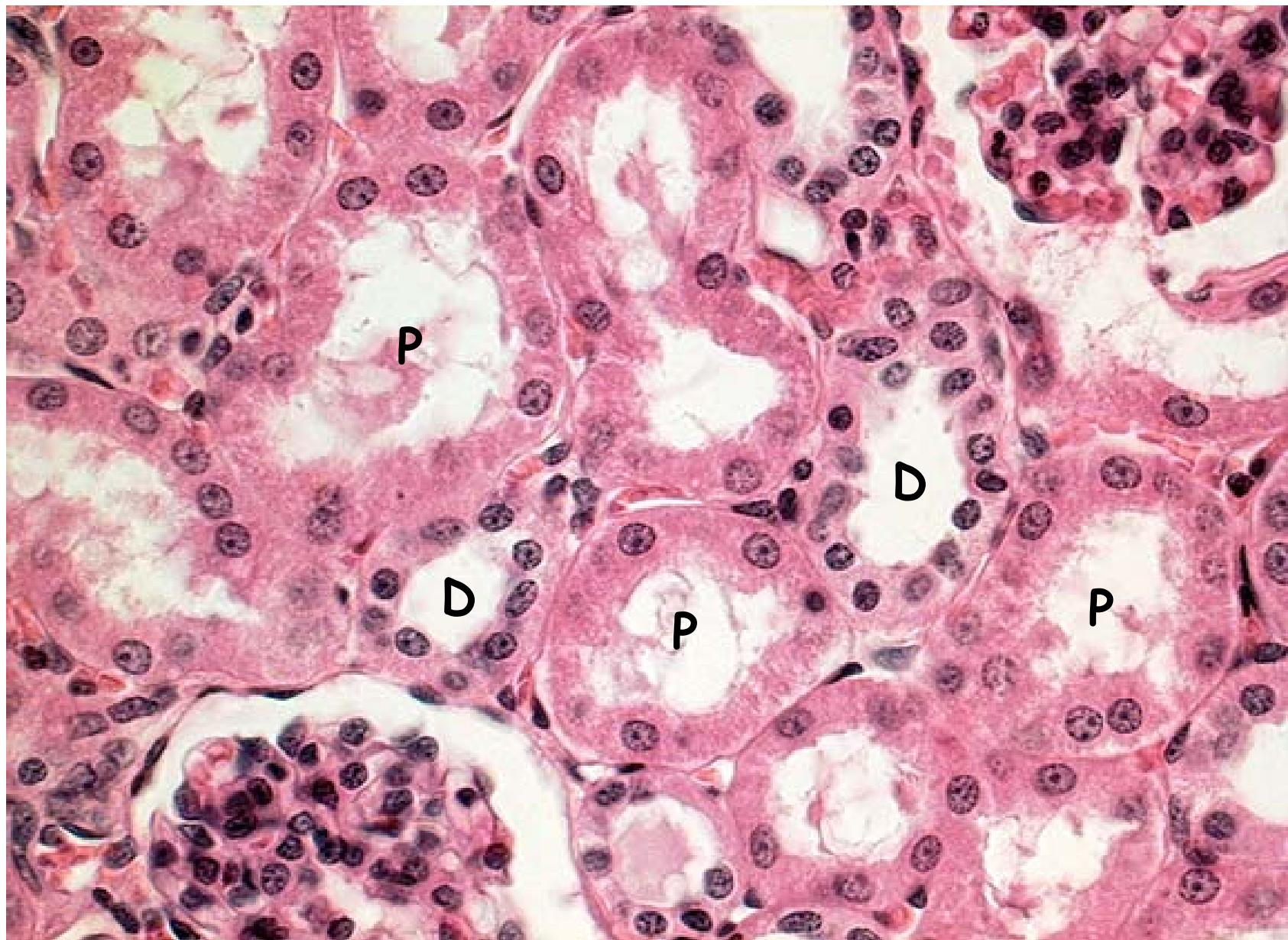


**Reabsorption**

Na, K, Cl

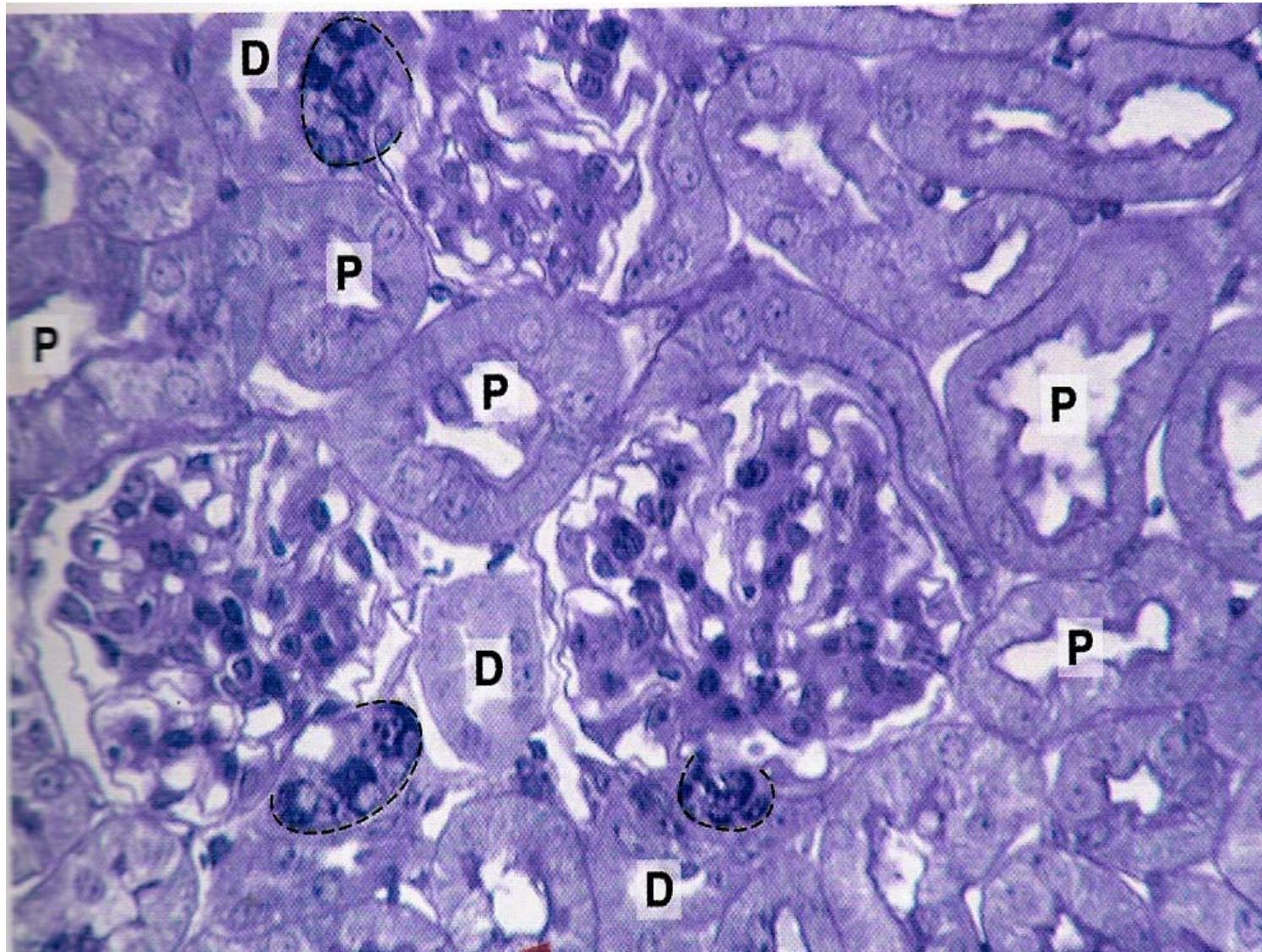
Impermeable for water

## Proximal and distal convoluted tubuli

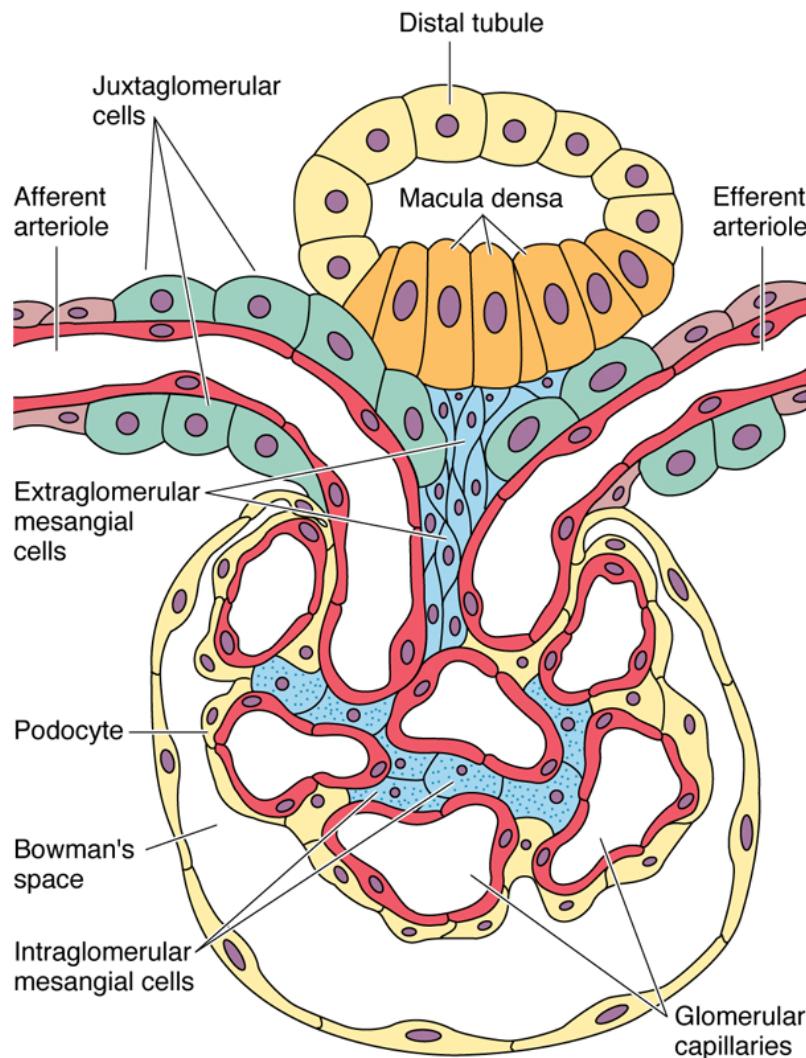


## Cortex

Proximal X Distal convoluted tubuli (7:1)



# Nephron - Tubular section - Juxtaglomerular apparatus 1



## Macula densa

Monitors osmotic concentration in the fluid in the nephron and secretes local hormones that alter JG cell secretion.

## Juxtaglomerular cells

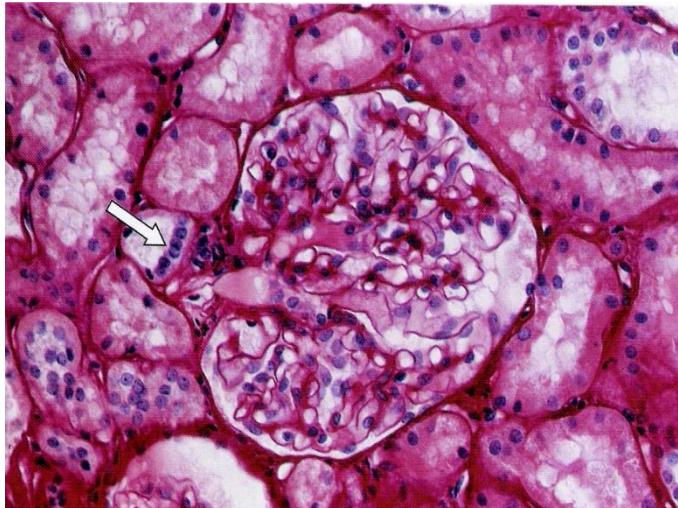
Monitor blood pressure in the afferent arteriole and secrete renin. Renin converts angiotensinogen in blood plasma to angiotensin I which is converted to angiotensin II in the lungs. **Angiotensin II** causes arteriole constriction throughout the body, raising blood pressure.

## Extraglomerular mesangial cells (Lacis cells)

# Nephron - Tubular section - Juxtaglomerular apparatus 2

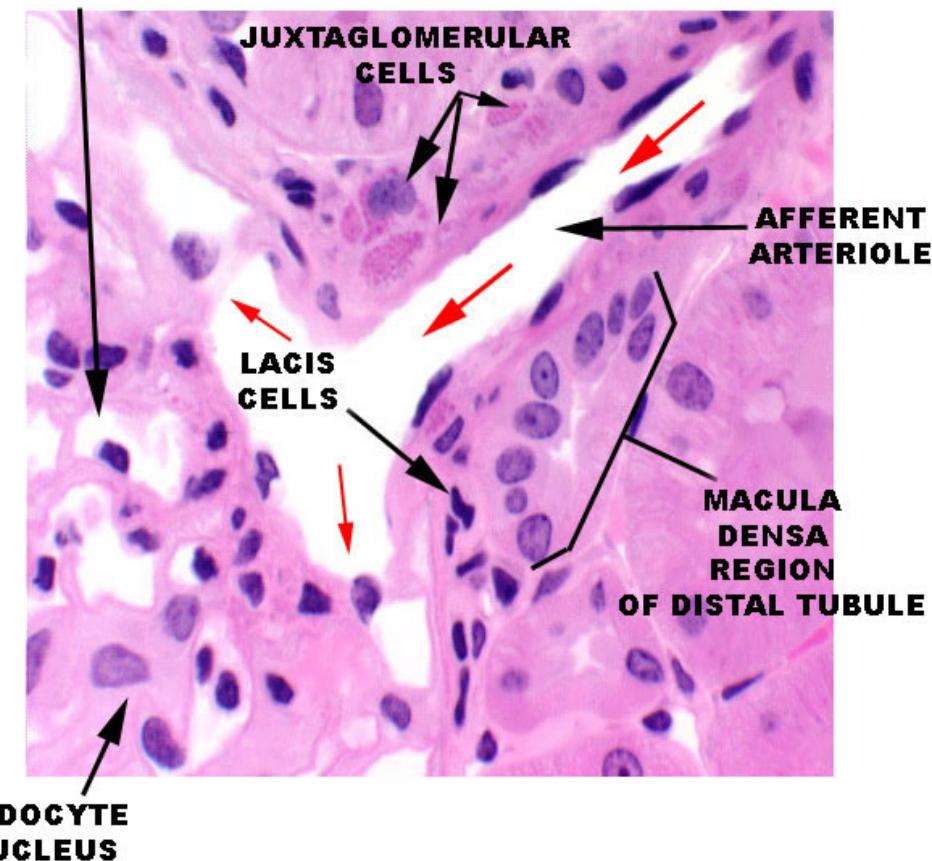
Macula densa

Modified DCT in proximity of vascular pole of renal corpuscle

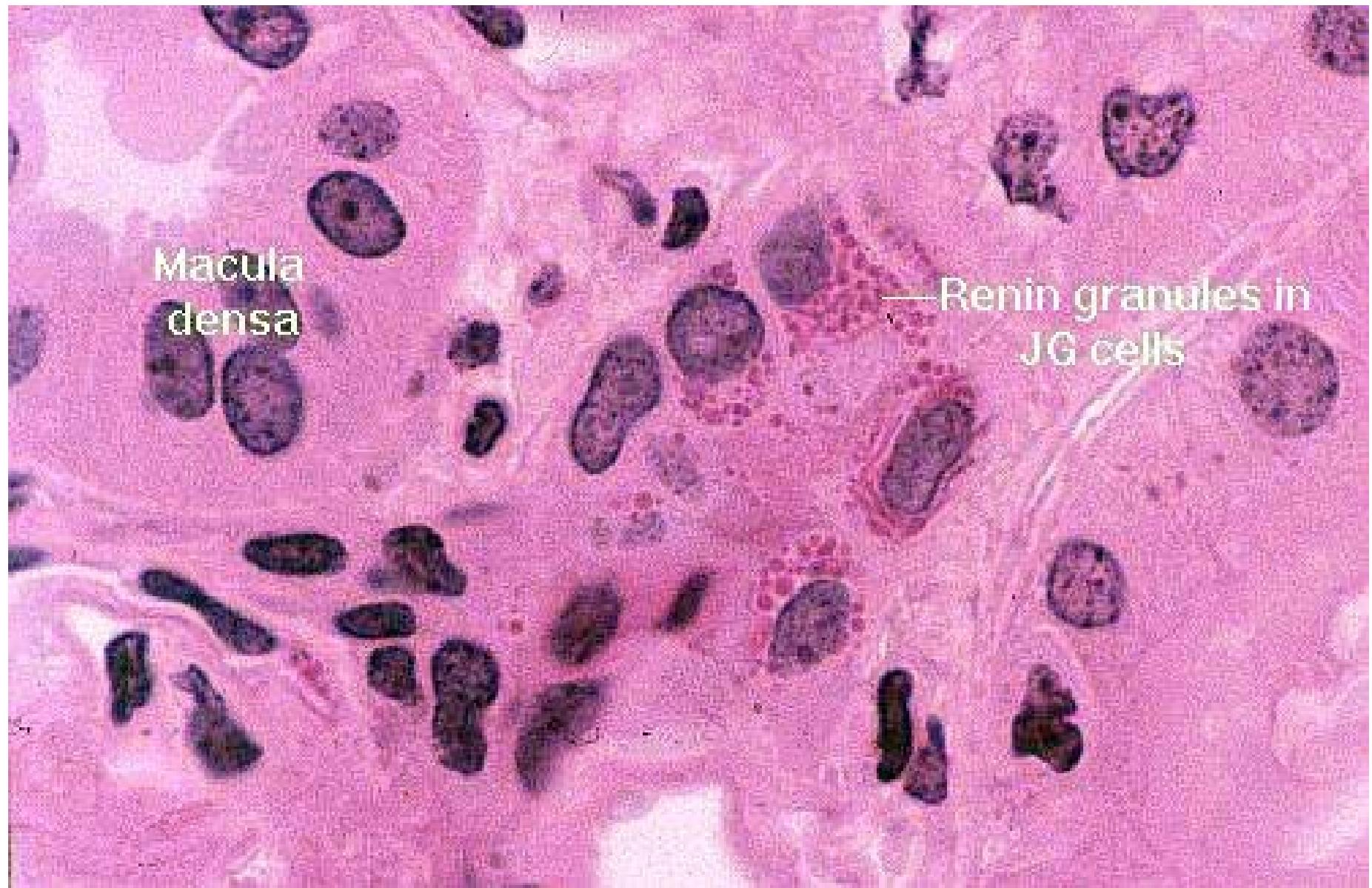


CAPILLARY  
OF GLOMERULUS

BLOOD FLOW



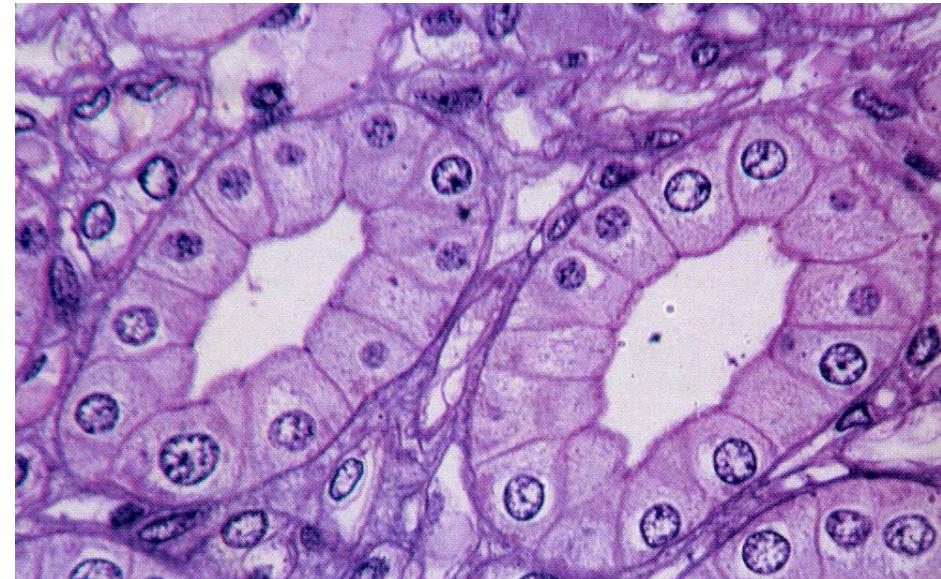
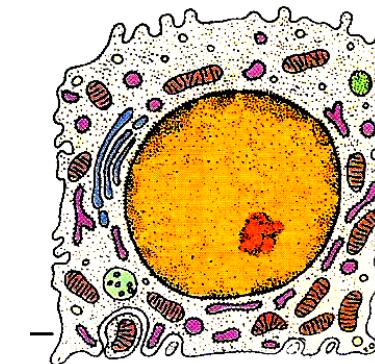
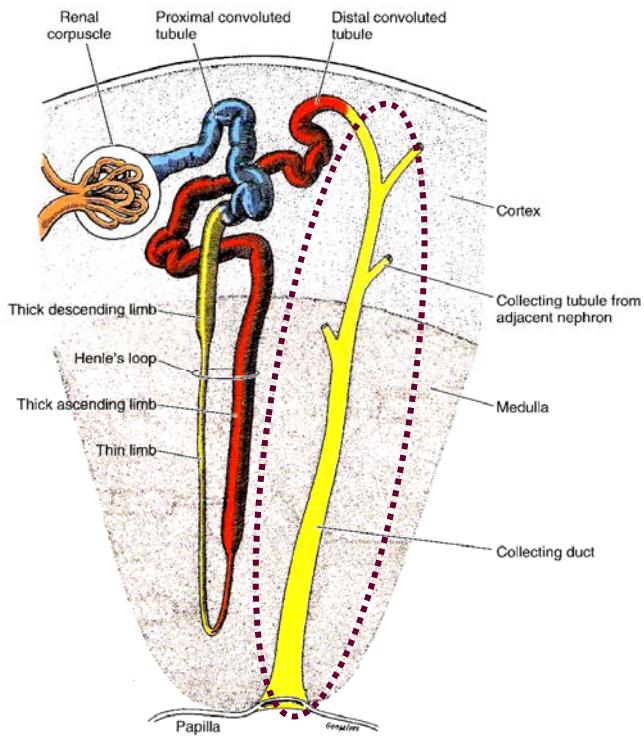
## Juxtaglomerular cells



# Collecting tubuli

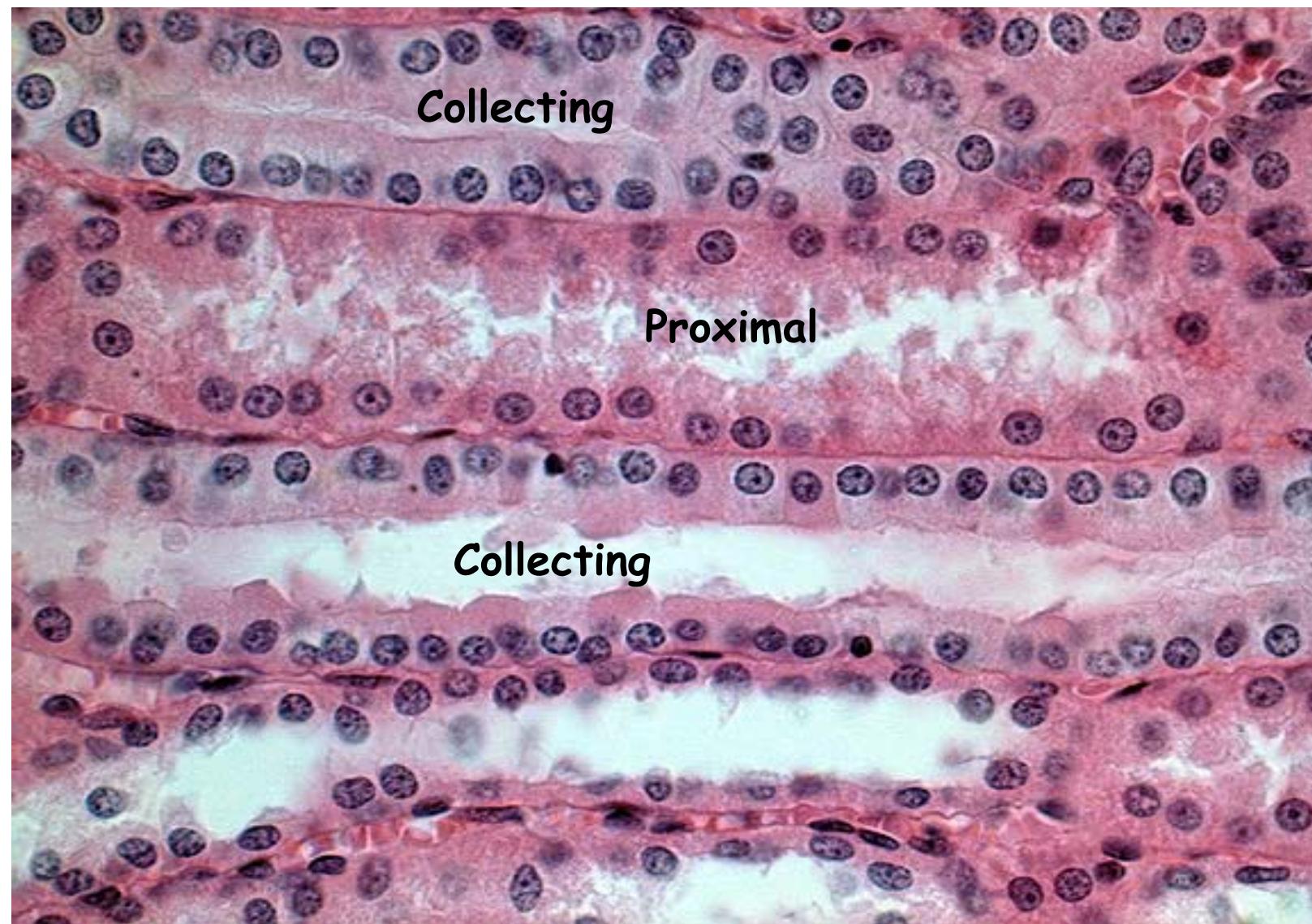
Cortical + Medullary + Papillary = 20 mm in length

↓  
200 -300  $\mu\text{m}$

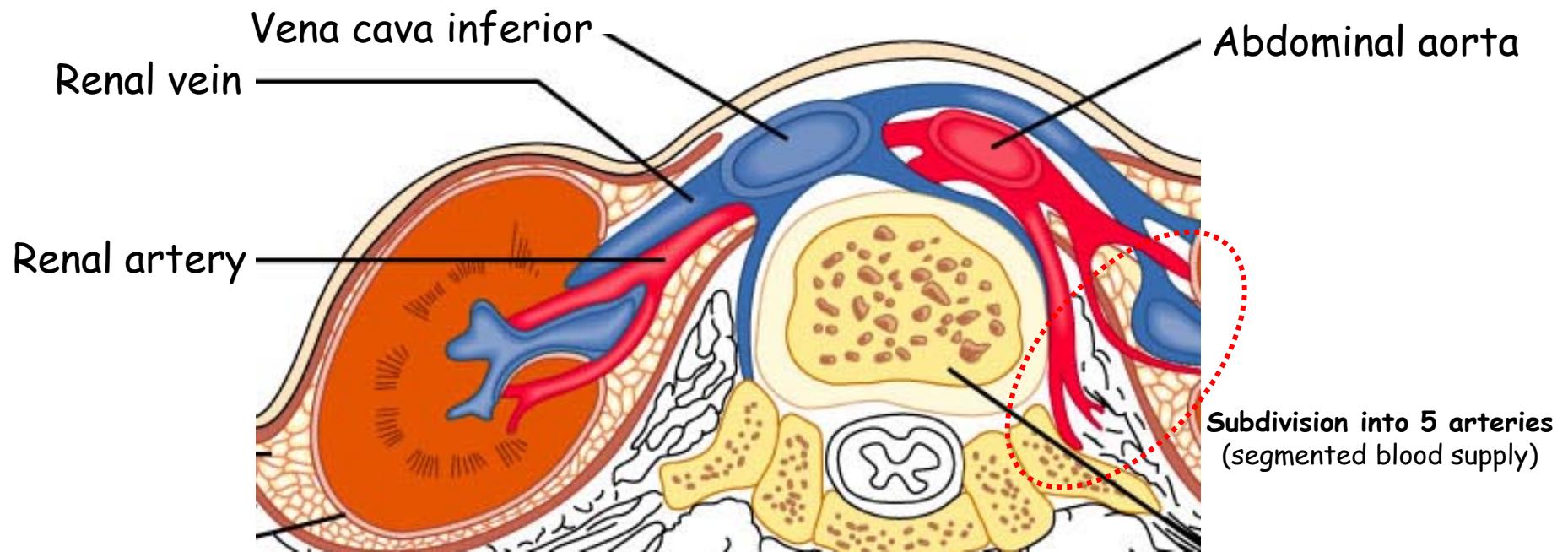


- Conserve body fluids
- Reacts to **ADH** (anti-diuretic hormone) of the posterior pituitary gland
- ADH increases the permeability of the collecting tubules and distal tubules to water so more is reabsorbed
- This decreases the total volume of urine
- Alcohol inhibits the release of ADH, so less water is reabsorbed producing copious amounts of dilute urine (can cause dehydration)

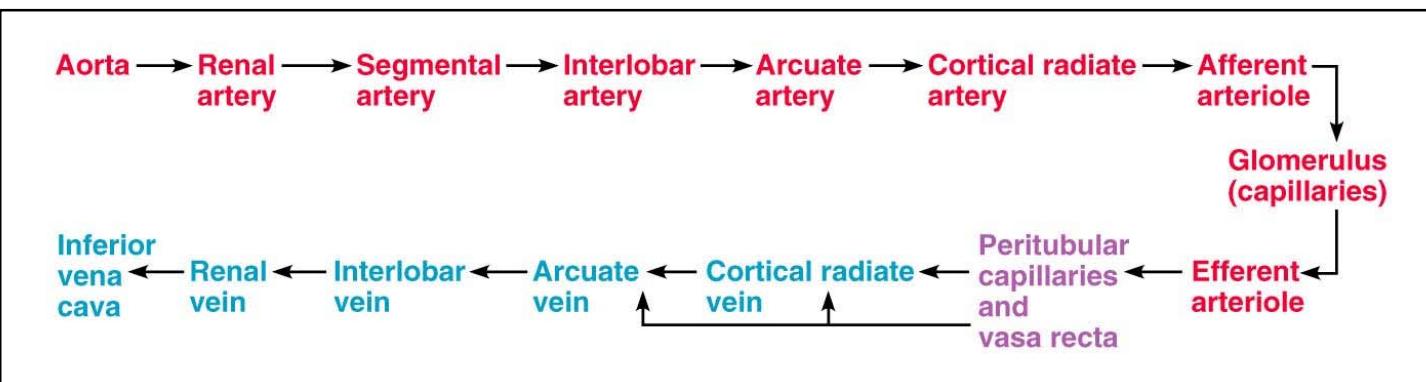
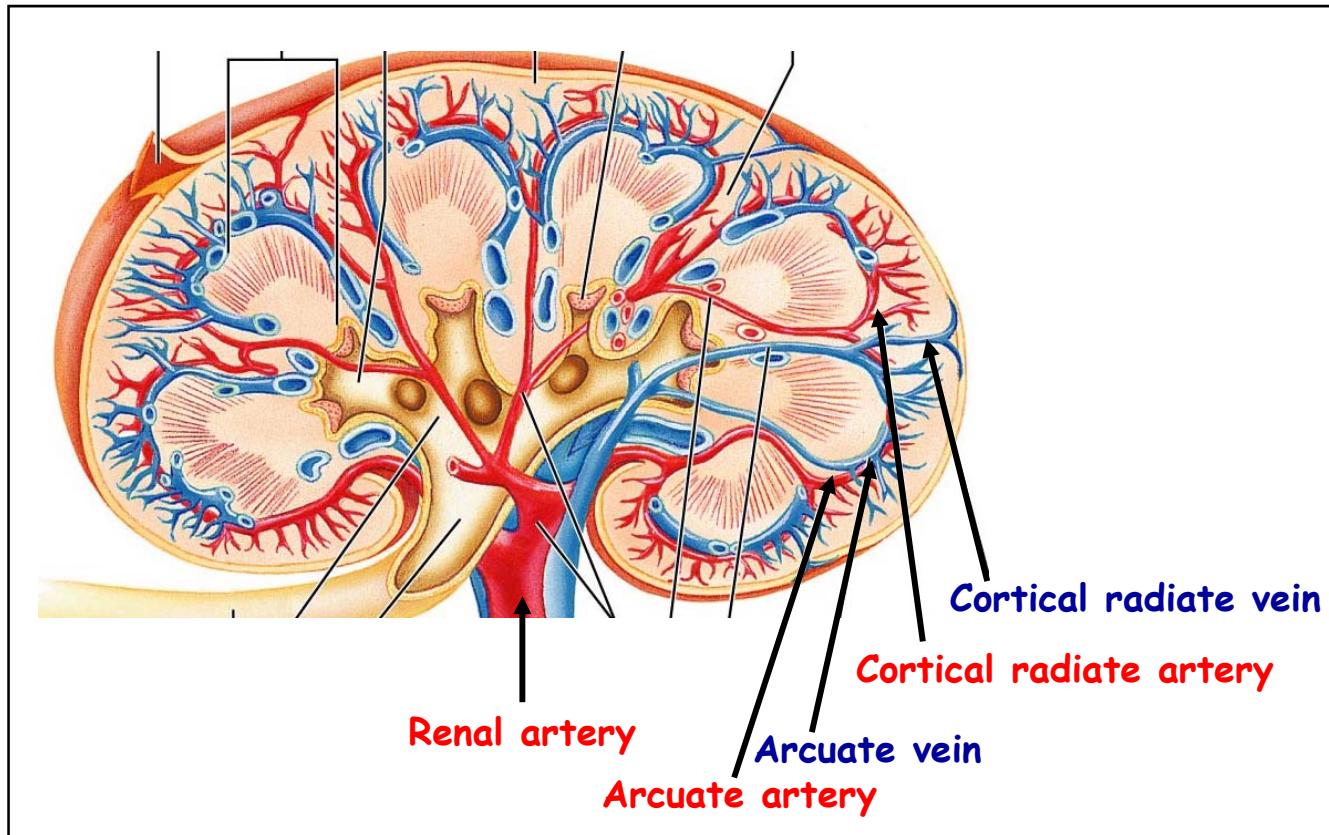
## Long section of Collecting and proximal tubuli



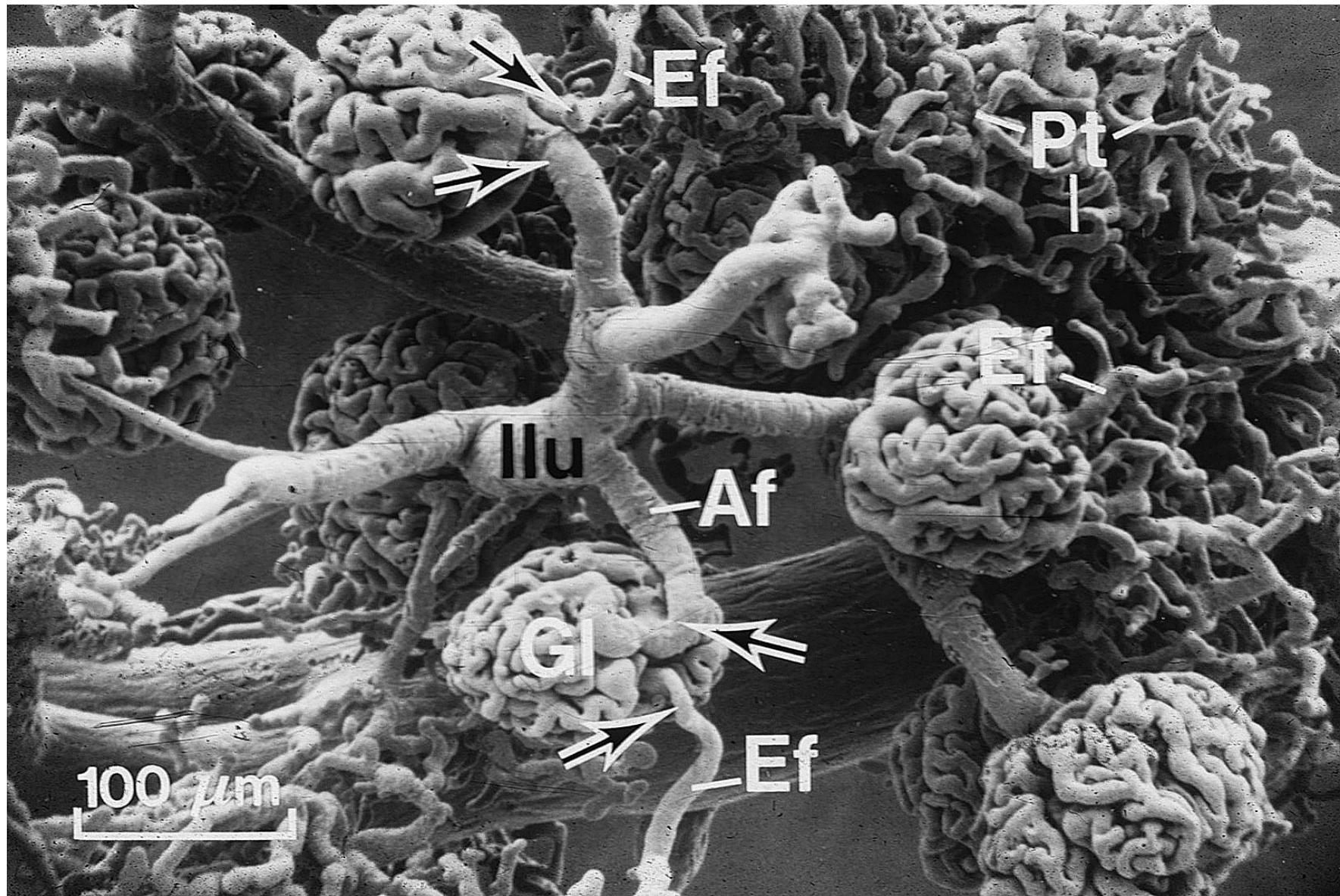
# Blood circulation



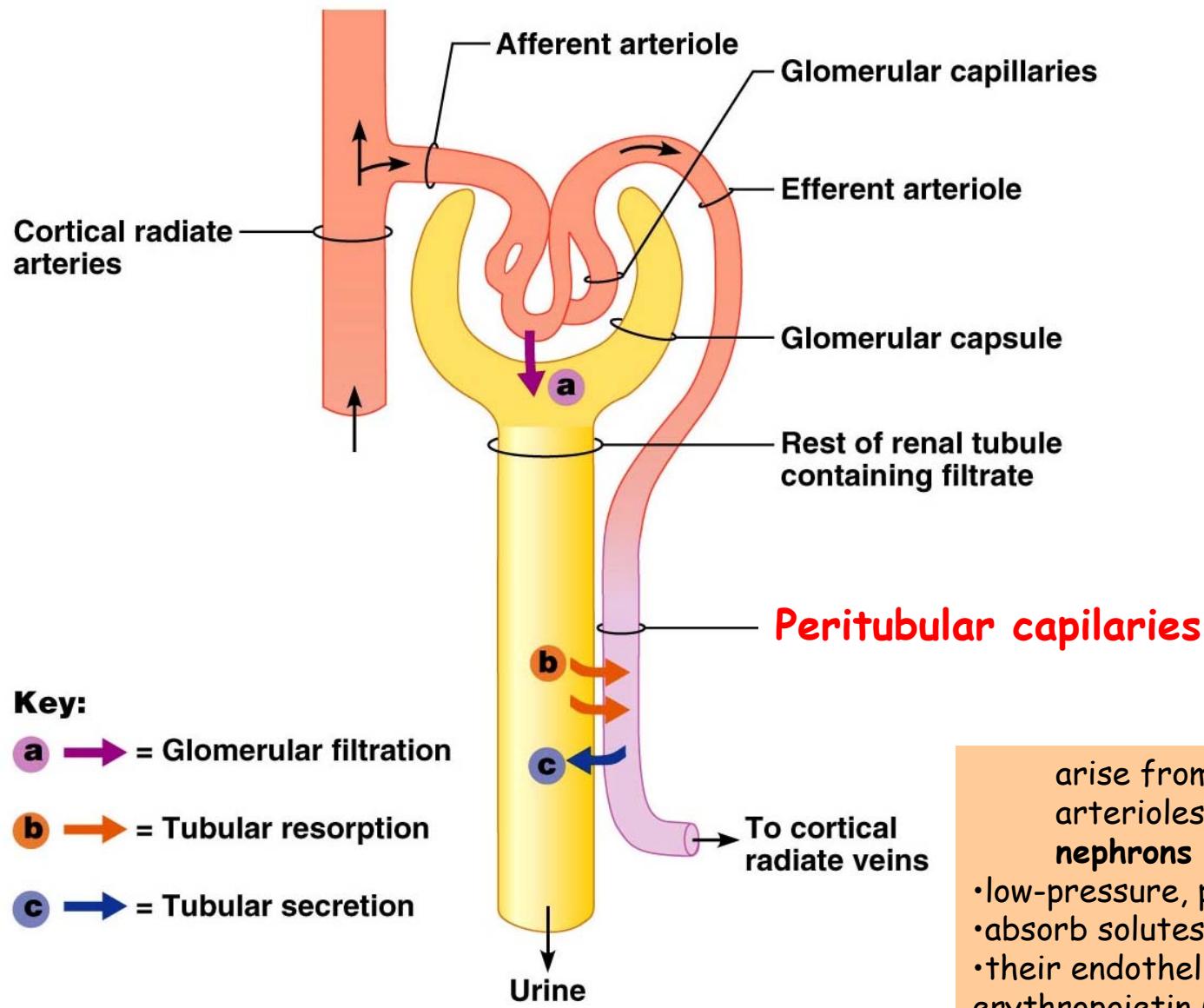
# Blood circulation



## Blood circulation - Afferent + Efferent arterioles

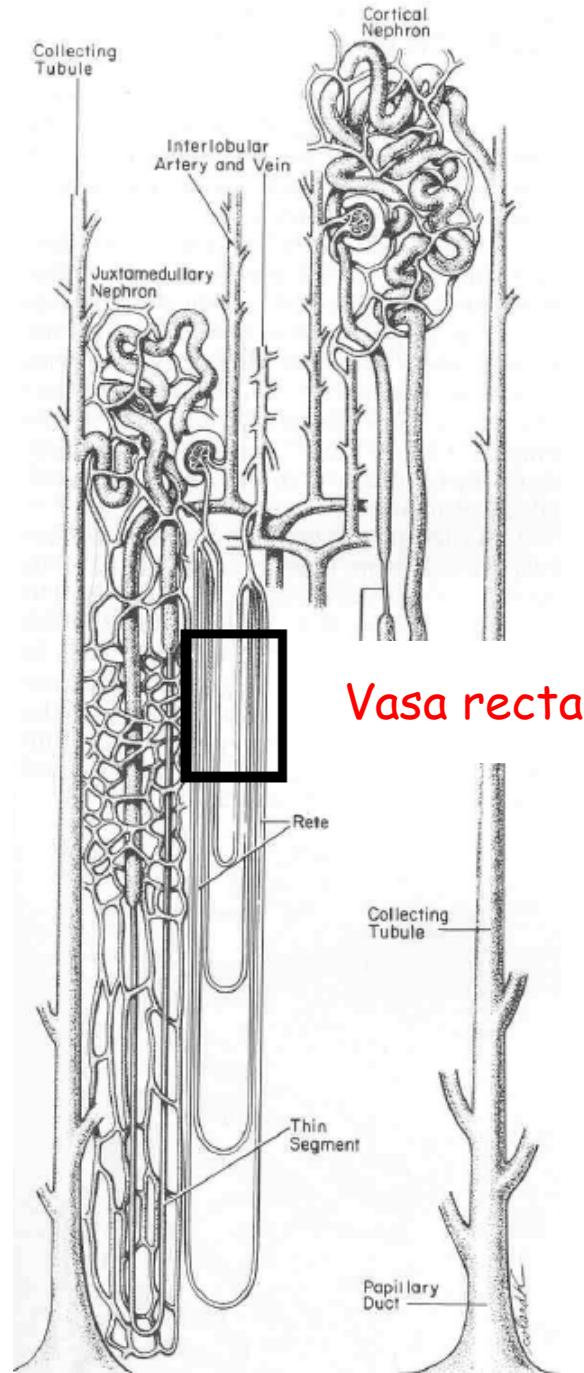


# Blood circulation - Peritubular capillaries



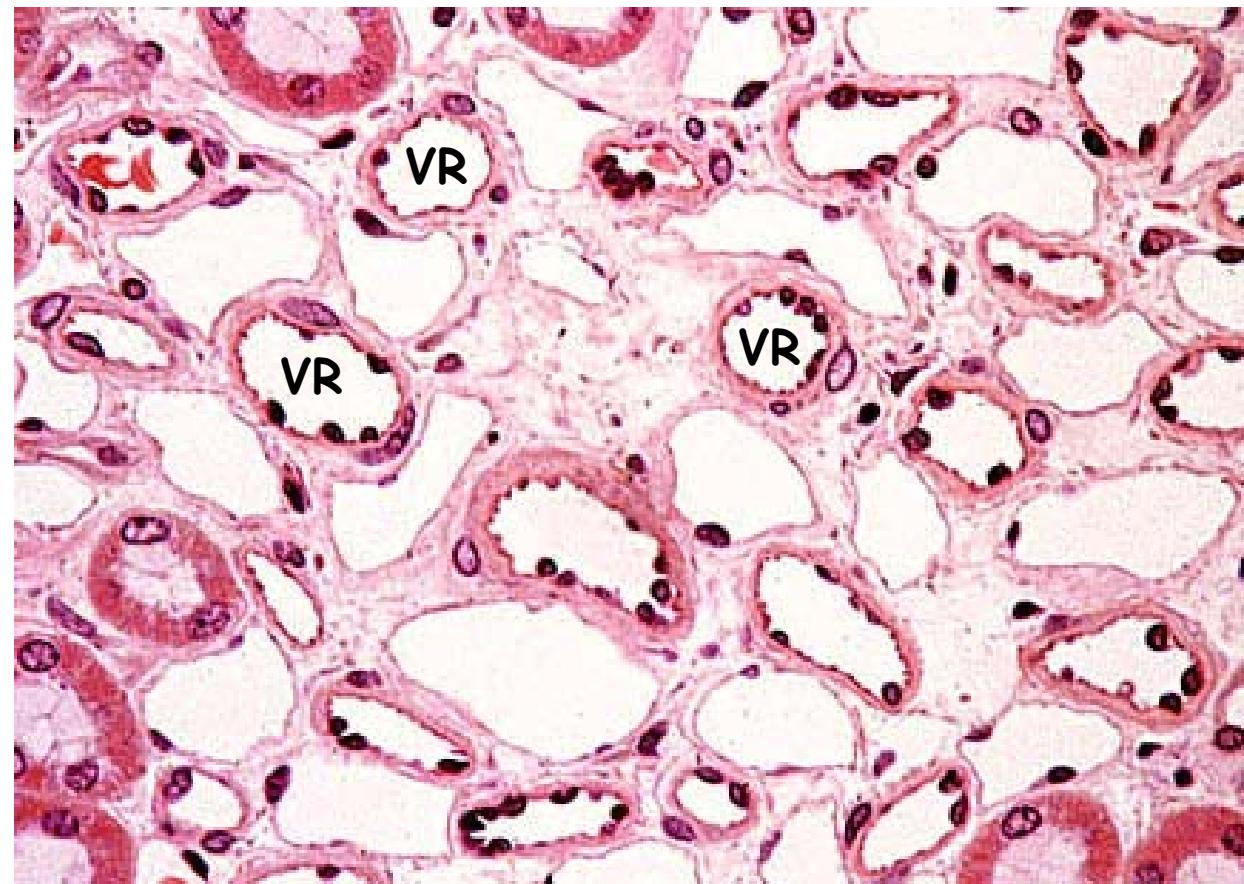
arise from efferent arterioles of **cortical nephrons**

- low-pressure, porous capillaries
- absorb solutes
- their endothelia manufacture erythropoietin (?)



## Blood circulation - Vasa recta

- arose from efferent arterioles of juxamedullary nephron
- thin walled looping vessels
- 10-25 mm long
- part of the kidney's urine-concentrating mechanism



# Excretory passages

- Calyces (minor + major)
- Pelvis
- Ureters
- Urinary bladder
- Urethra

## General organizational pattern (calyces, pelvis, urethers, bladder)

### • Mucosa

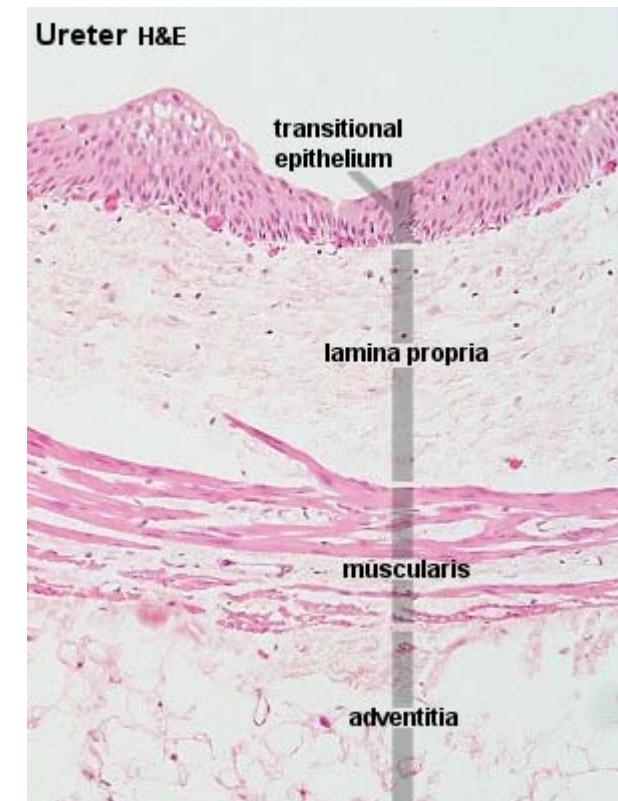
Luminal sheet epithelium (transitional)

Basal lamina

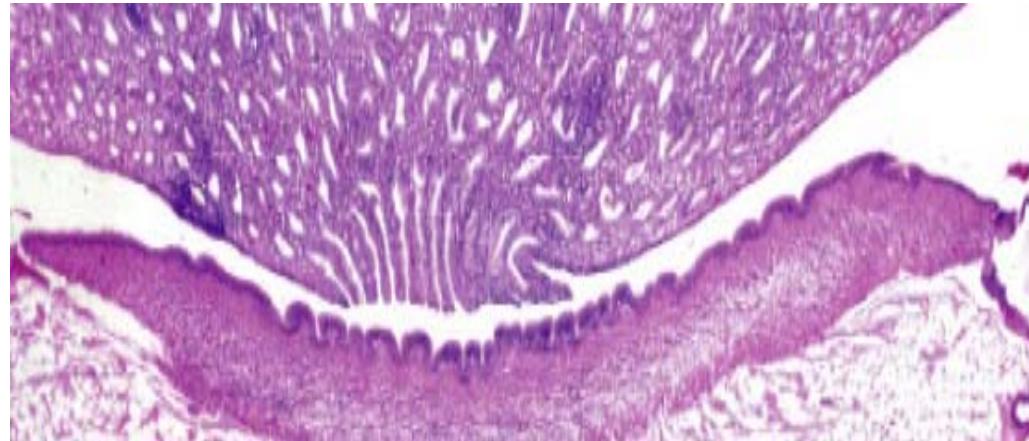
Lamina propria/submucosa (connective tissue)

### • Lamina muscularis (smooth muscle)

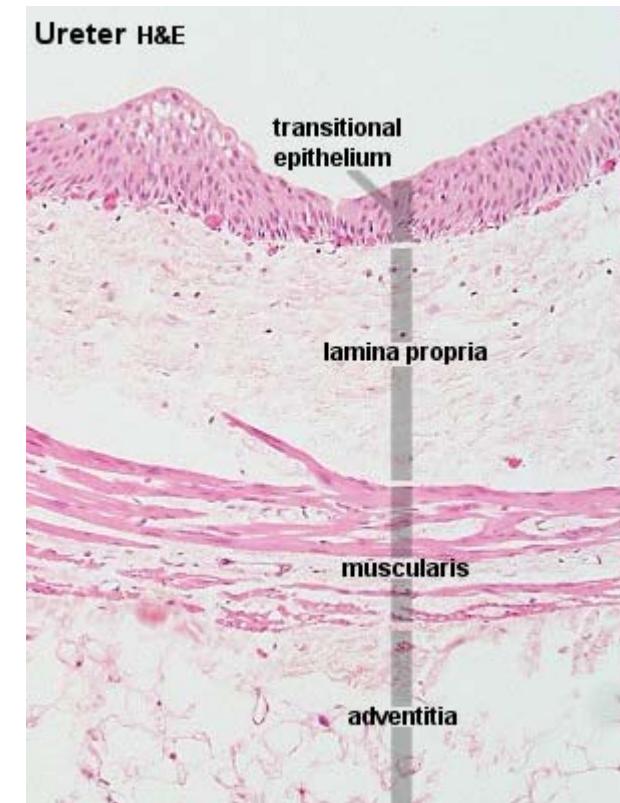
### • Lamina adventitia or serosa



# Renal calyces + pelvis

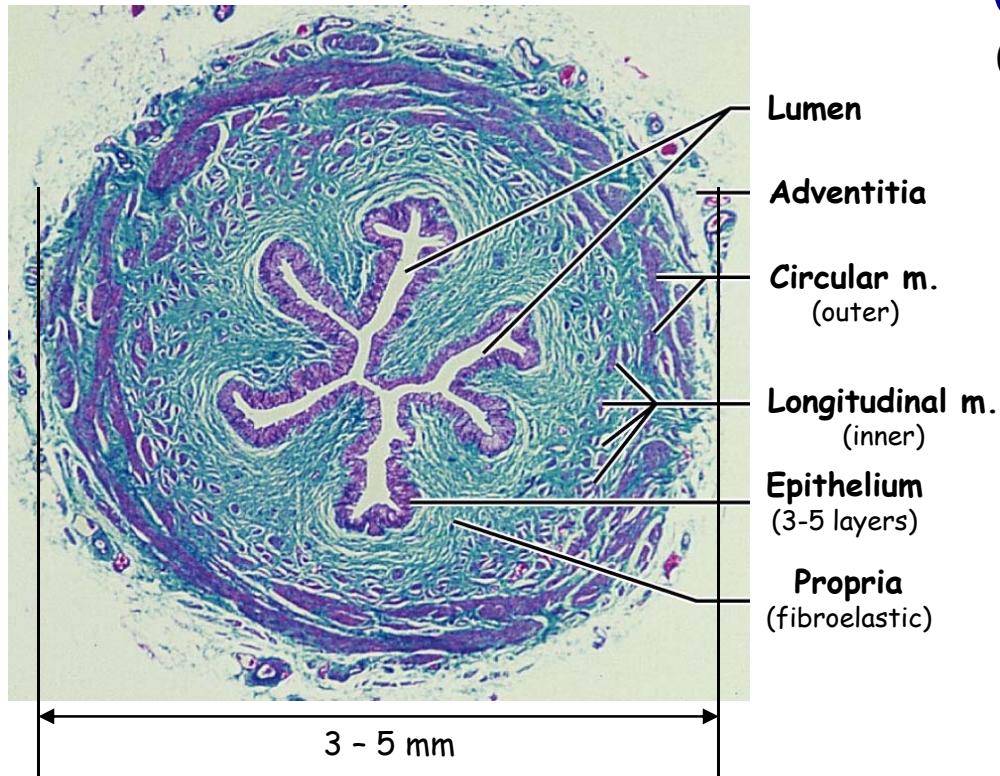


- Minimal lamina propria (submucosa)
- Thin tunica muscularis
- Tunica adventitia - blends with adipose tissue in the renal sinus

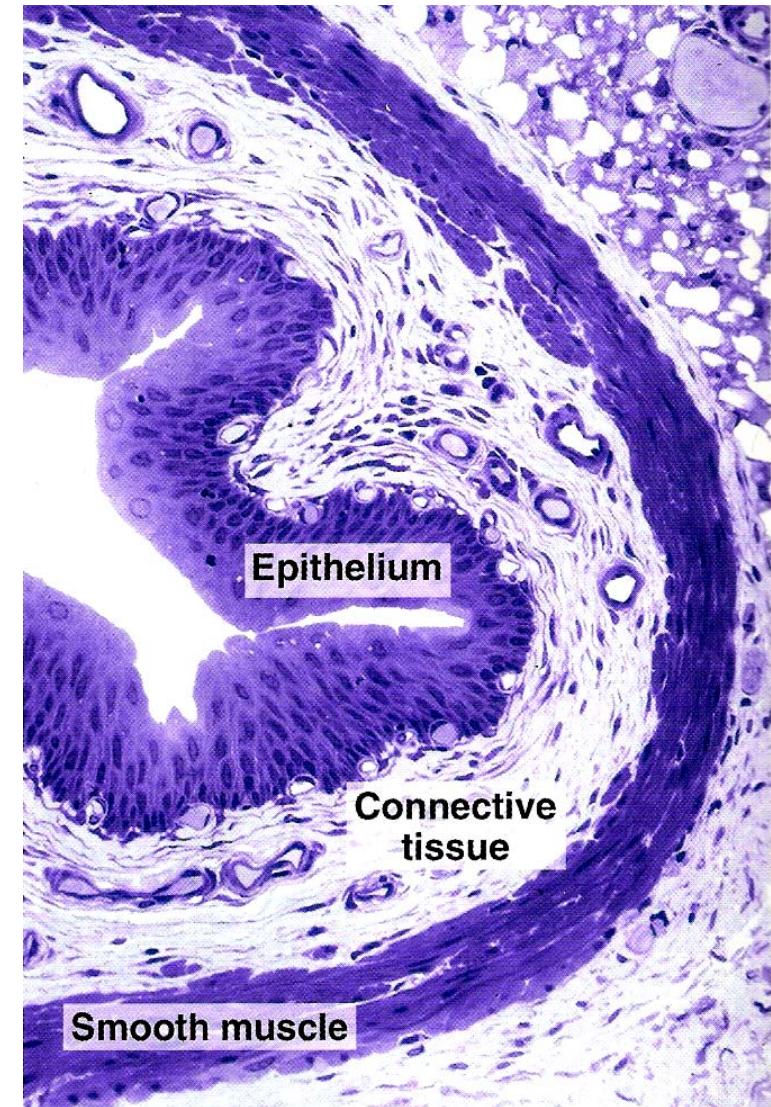


# Ureters

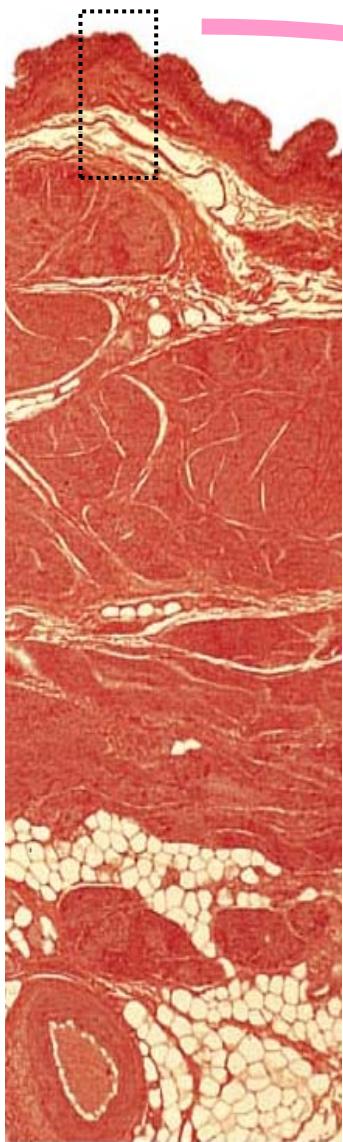
(25-30 cm long)



- Carry urine from renal pelvis to the urinary bladder
- Same wall layers as pelvis
- Ureter wall thickens and the muscle cells change from a helical to longitudinal array near the bladder
- Urine moves by active peristaltic motion

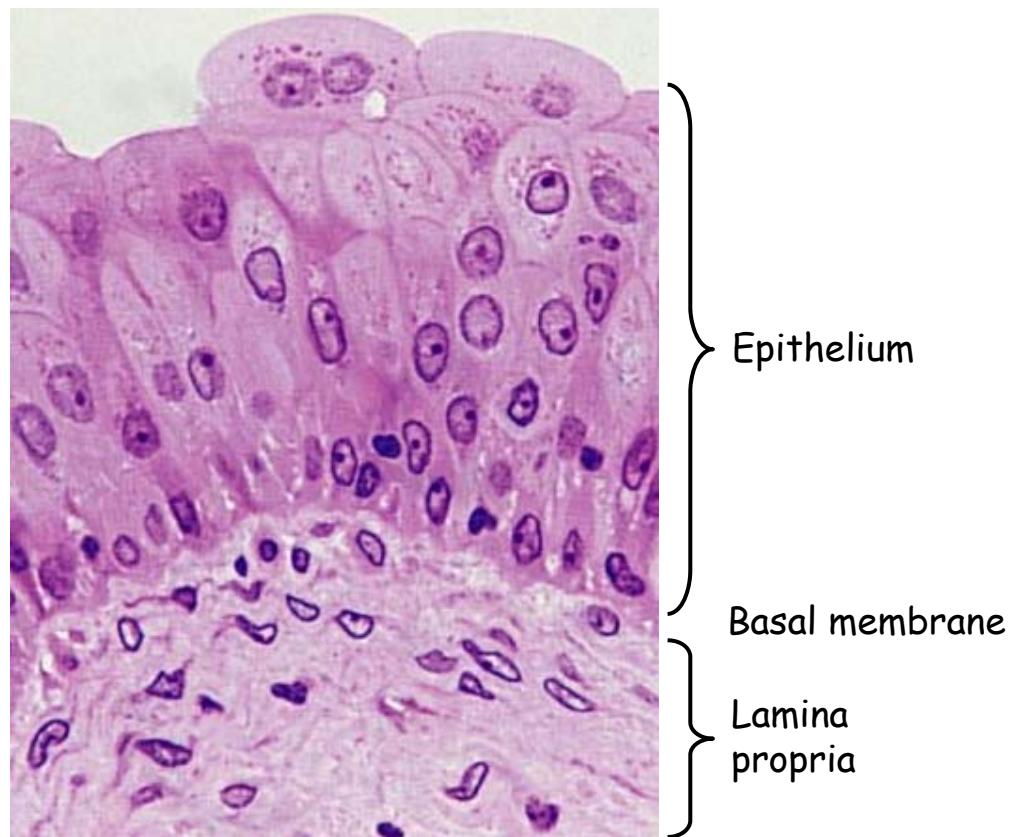


# Urinary bladder



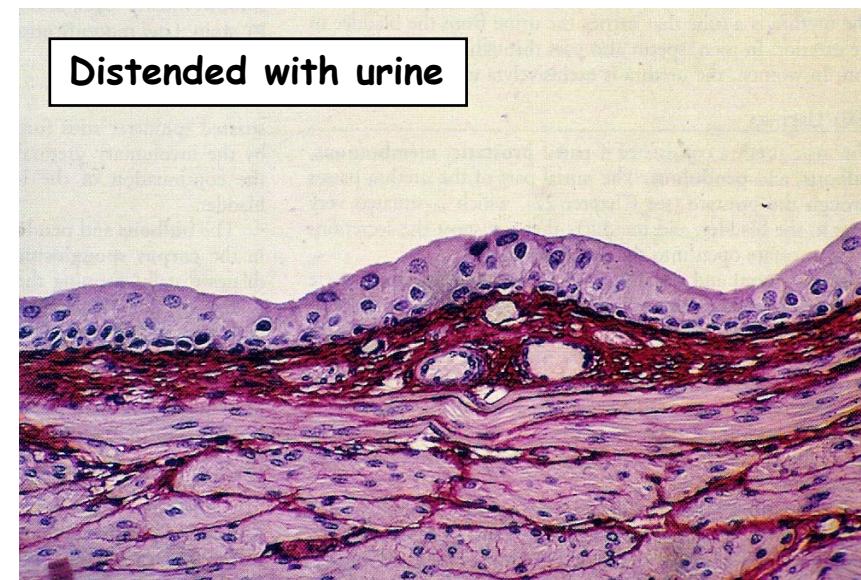
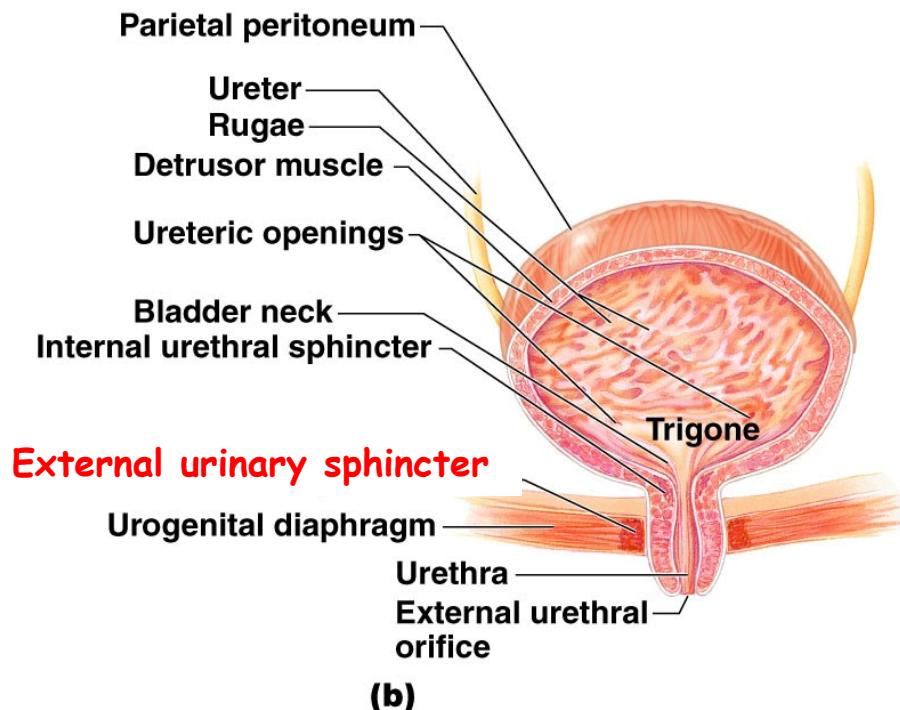
Epithelium  
Lamina propria  
Smooth muscle  
longitudinal+circular+longitudinal  
thin + thick + thin  
Lamina adventitia

Thick muscularis - near the opening into the urethra → they form an involuntary **internal sphincter**.



Epithelium  
Basal membrane  
Lamina propria

# Urinary bladder



# Female urethra

(4-5 cm in length)



Transitional epithelium

- Transitional + stratified squamous nonkeratinizing ep.
- Folded mucosa (due to fibroelastic propria)
- Two-layered muscularis
- Glands of Littre

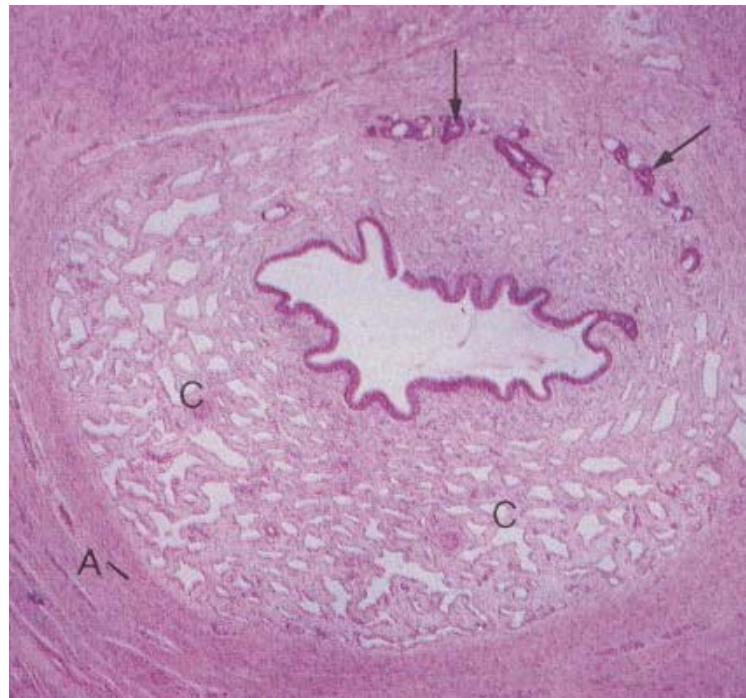
# Male urethra

(15-20 cm in length)

**Prostatic urethra** - transitional ep., openings of prostate gland

**Membranous urethra** - stratified columnar ep., through the urogenital diaphragm

**Spongy (penile) urethra** - stratified columnar + squamous ep.



Spongy - penile

A) Tunica albuginea

C) Corpus spongiosum (erectile)

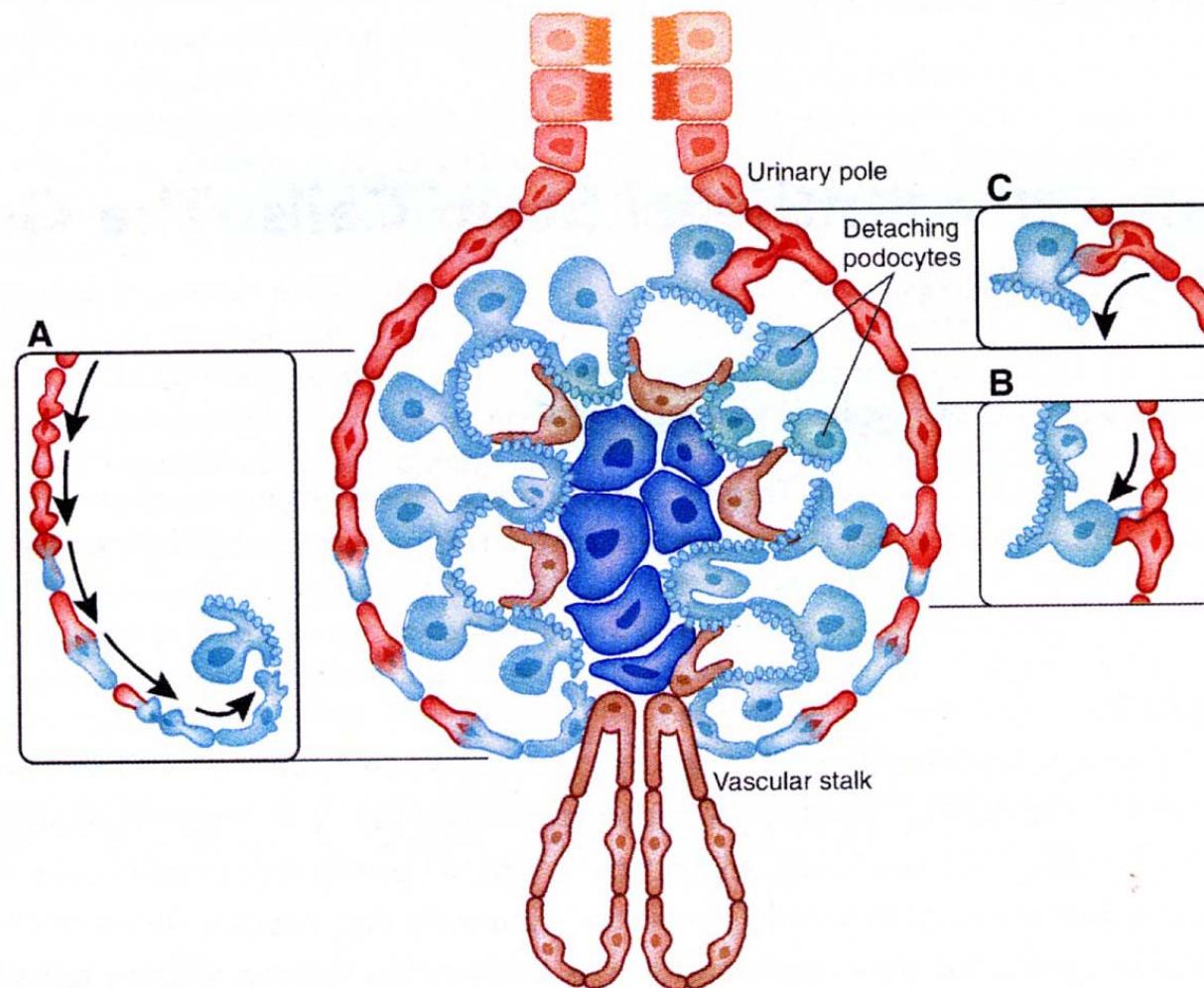
Arrows) Glands of Littre



Near the tip of penis - fossa navicularis

Stratified squamous epithelium (nonkeratinizing)

# Dialysis x Kidney transplant x Kidney regeneration ?



**Thank you for your attention !**

Questions and comments at:  
[ahampl@med.muni.cz](mailto:ahampl@med.muni.cz)