Biochemistry of biological fluids (BIOCH 472)

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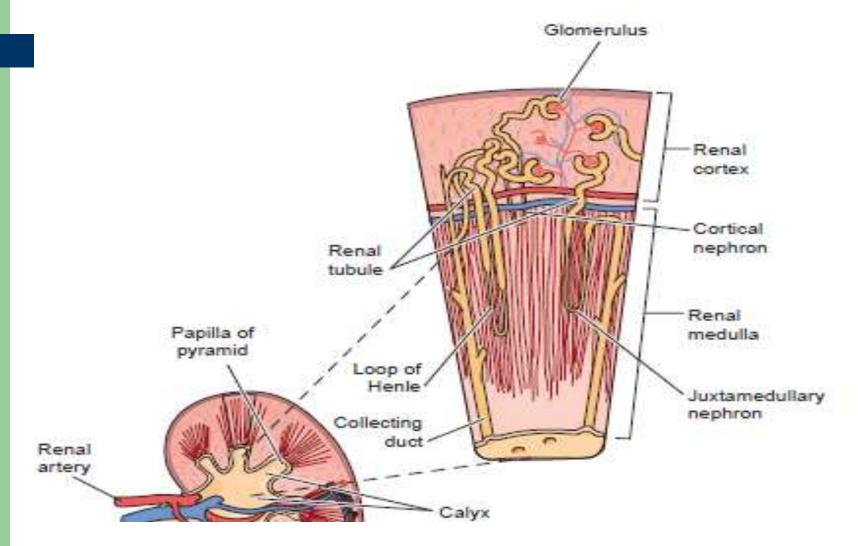
Class 4:

Urinalysis: Renal Function

Objectives for this lecture

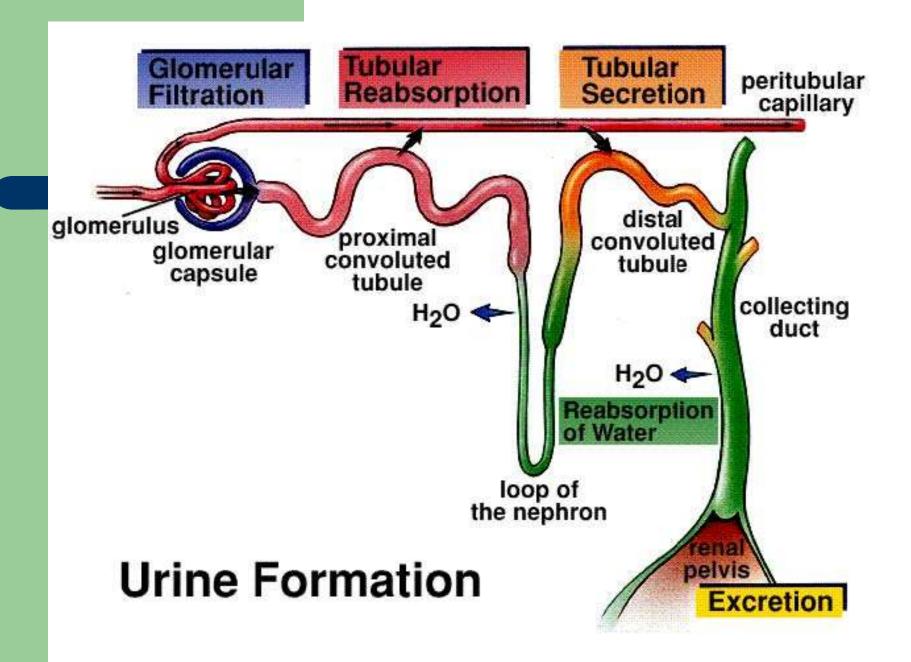
- Identify the components of the nephron, kidney, and excretory system.
- Describe the process of glomerular ultrafiltration.
- Identify the laboratory procedures used to evaluate glomerular filtration, tubular reabsorption and secretion, and renal blood flow.

Renal Physiology



Nephrons

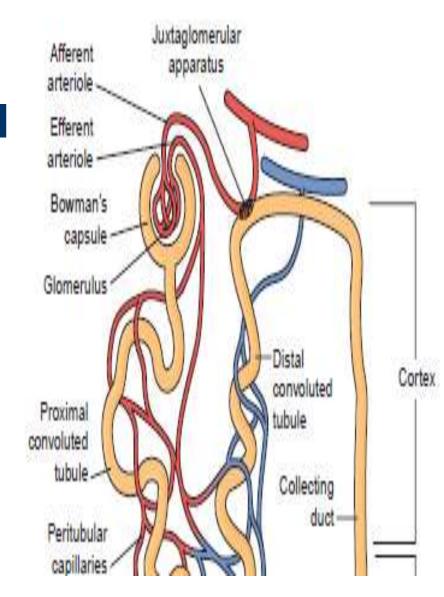
- Each kidney contains approximately 1 to 1.5 million.
- Cortical nephrons:
 - ✓ arteriol, glomerulus, Bowman's capsule
 - ✓ in the cortex of the kidney
 - responsible for removal of waste and reabsorption of nutrients.
- Juxtamedullary nephrons:
 - √ deep in kidney medulla
 - ✓ responsible for concentration of the urine.



Glomerular Filtration

• Glomerulus:

- within Bowman's capsule (beginning of renal tubule)
- ✓ Non-selective filter of plasma substances.
- ✓ Do not allow the passage of large molecules and blood cells.
- ✓ Hydrostatic pressure in it enhances filtration.

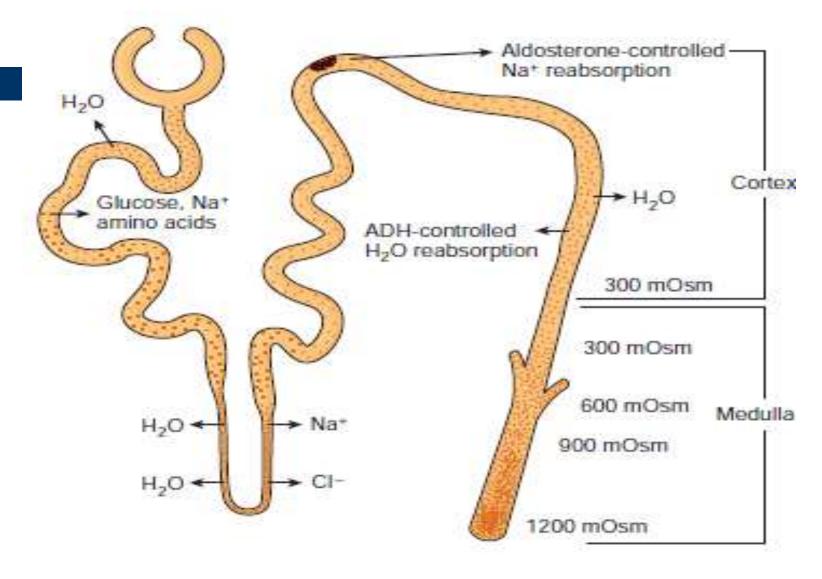


Renin-Angiotensin-Aldosterone System

- Controls the regulation of the flow of blood to and within the glomerulus.
- responds to changes in <u>blood pressure</u> and plasma sodium content.
- if we have low plasma sodium then RAAS:
 - decreases water retention
 - resulting in a decreased overall blood volume
 - causing decrease in blood pressure.

Renin-Angiotensin-Aldosterone System

- Renin, an enzyme in juxtaglomerular cells, reacts with angiotensinogen to produce the hormone angiotensin II.
- Angiotensin II :
- stimulate reabsorption of Na+ (vasodilation)
- release aldosterone (Na+ reabsorb)
- release of ADH(water reabsorb)
- Every minute 2 million glomeruli filter 120 mL.



- Active transport: reabsorption of glucose, amino acids, and salts (sodium, chloride).
- Passive transport: movement of molecules across a membrane as a result of differences in their concentration or electrical potential on opposite sides of the membrane (water, urea, sodium).

- Renal threshold:
- Reabsorbed substance is abnormally high in plasma (max. reab. capacity)
- Active transport will stop
- > The substance will appear in the urine

- Renal threshold for glucose is 160-180mg/dL (if glucose in urine: diabetes mellitus).
- BUT, glucose in urine of a person with normal blood glucose level is the result of tubular damage.

- Proximal tubule remove medication after they are dissociated from their carrier proteins.
- Descending loop: Water is removed by osmosis.
- Ascending loop: Na+ and Cl- are reabsorbed.
- Tubular secretion eliminate waste products, and regulate acid-base balance by secretion of H+.
- Reabsorption by osmotic gradient depend on vasopressin (ADH):
- Decrease body hydration will increase ADH level which will cause decrease urine volume.

Renal Function Tests

- Glomerular Filtration Tests, its standard test is the *clearance test*, such as:
 - ✓ Inulin Clearance......... Not used
 - ✓ Creatinine clearance.... Muscle waste
 - ✓ Beta2 macroglobulin.... Leukocyte Ag
 - ✓ Cystatin C.... broken and <u>reab.</u> by tubular, measured in <u>serum</u> for pediatric, diabetes, critically ill patient
 - ✓ Radioisotopes..... (125 I-iothalamate)

Clearance Tests

- Urea newly is not used for this test because 40% of the filtered urea is reabsorbed, and this will reflect the result.
- Creatinine clearance is a frequently requested laboratory procedure, to determine the extent of <u>nephron damage</u> in known cases of renal disease.

Renal Function Tests

- Tubular Reabsorption Tests:
- ✓ Tubules function is the first affected in renal disease.
- Measurement done by concentration tests for salts and water.
- Assessed through osmometry.

Renal Function Tests

- Tubular Secretion and Renal Blood flow Tests:
 - measure substance that is secreted rather than filtered through the glomerulus.
 - ✓ The principle is the same as in the clearance test for glomerular filtration.
 - Test is carried out by measuring:
 - > P-aminohippuric acid (PAH)... (exg.)
 - > pH, titratable acidity, ammonia... (endo.)