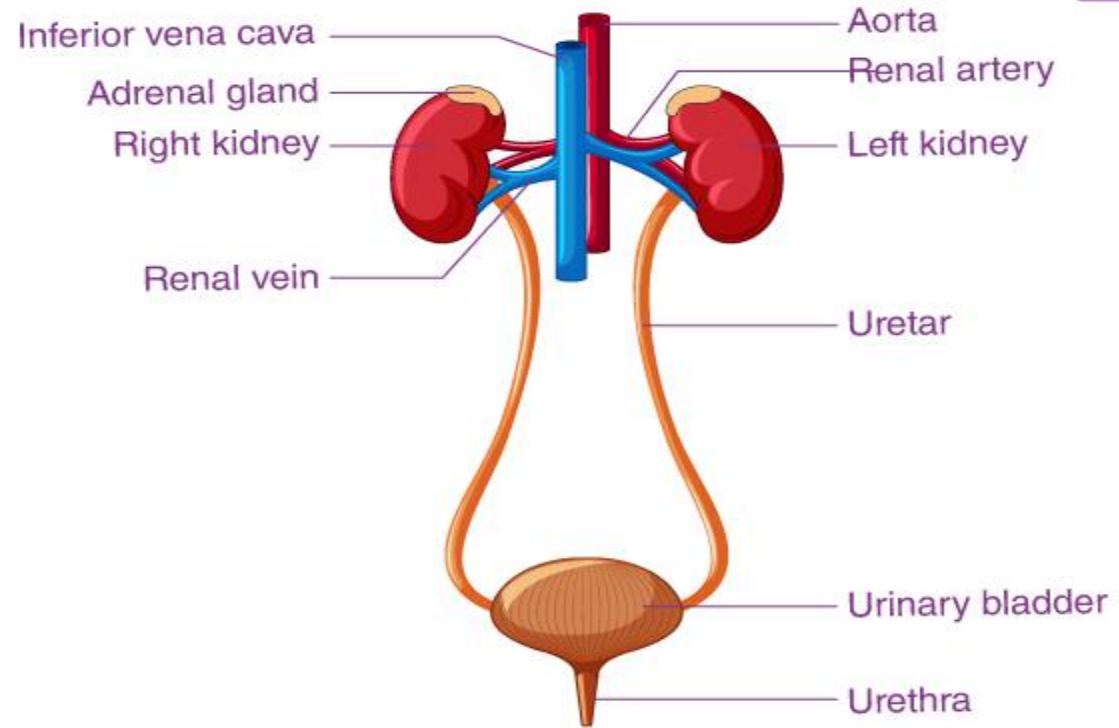
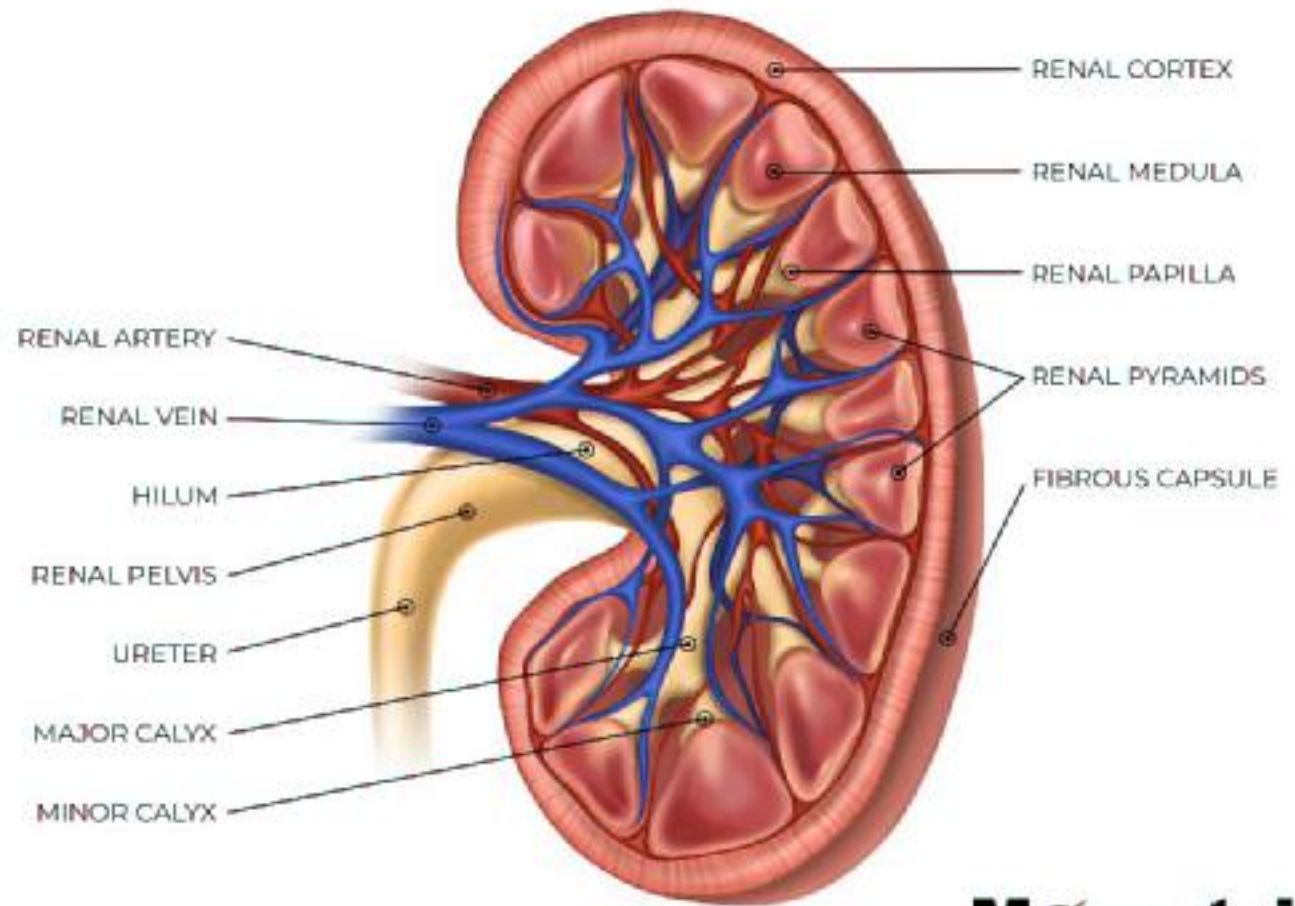




Histology lab- Urinary system

Rola Alwaheidi, MD

KIDNEY



Kidney

The kidney is a compound tubular gland formed of 1-2 million uriniferous tubules (structural unit of the kidney).

The renal tubules are held together by the renal interstitium formed mainly of a network of reticular fibers.

The uriniferous tubule is formed of:

A- Nephron

B- Collecting duct



Histological Structure of the Kidney

The kidney is a large compound tubular gland formed of:

1. Stroma:

A- Capsule: Thin fibrous C.T., surrounded by adipose tissue.

B- Renal Interstitium:

2- Parenchyma:

A- Cortex

B- Medulla



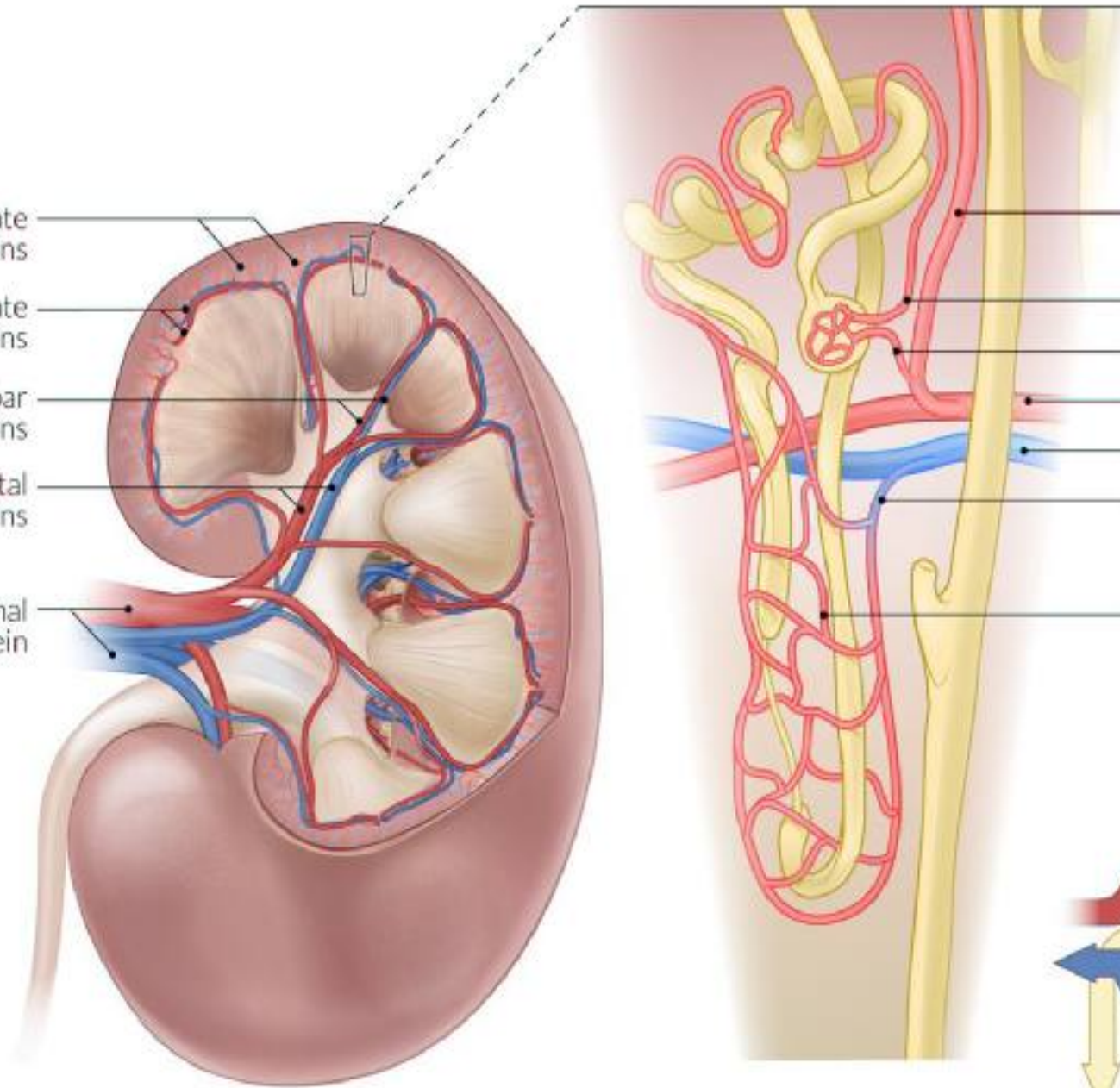
Cortical radiate
arteries and veins

Arcuate
arteries and veins

Interlobar
arteries and veins

Segmental
arteries and veins

Renal
artery and vein



Cortical radiate
artery

Efferent arteriole

Afferent arteriole

Arcuate artery

Arcuate vein

Venule

Peritubular
capillary
network



The **nephron** consists of:

- Renal Corpuscle
- Proximal convoluted tubules PCT
- Loop of Henle
- Distal convoluted tubules DCT
- A connecting tubule



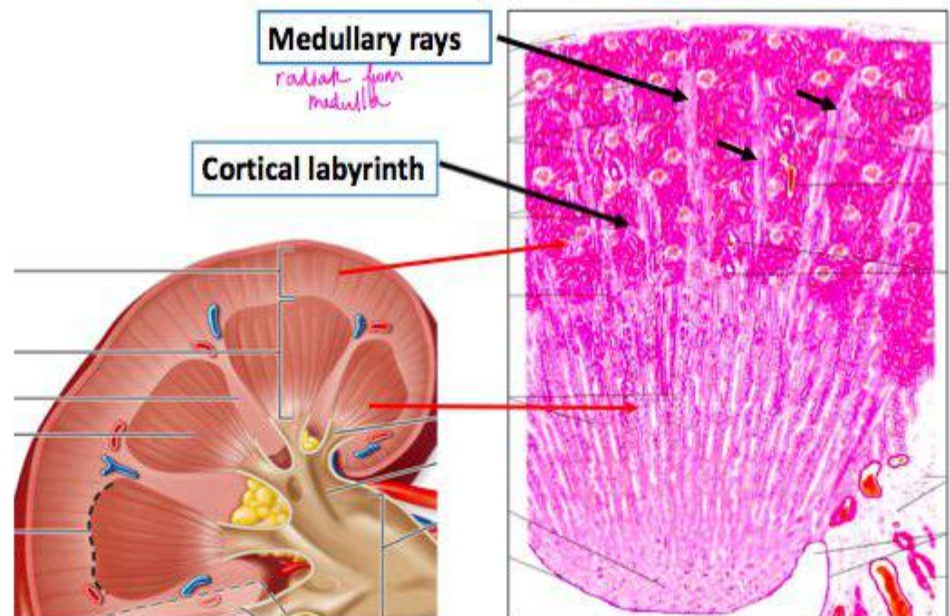
Histological Section of the KIDNEY

CORTEX

It is the dark outer layer

It has a granular appearance due to presence of renal corpuscles and the convoluted renal tubules.

Cortico-medullary architecture



The Renal cortex

It contains: renal corpuscle's, convoluted tubules, medullary rays and peritubular capillaries.

- It is formed of:

- . Cortical Labyrinth: cortical tissue surrounding medullary rays (the parallel straight tubules of loop of Henle and collecting tubules in the cortex)
- . Columns of Bertin: cortical tissue on either side of renal pyramids in the medulla



Medulla

It is the pale inner layer

It has a striated appearance due to the longitudinally arranged straight renal tubules, collecting ducts and the surrounding vessels (Each pyramid shows radial striations that are attributed to the presence of parallel straight tubules of loop of Henle, collecting tubules, ducts of Bellini and vasa rectae.)

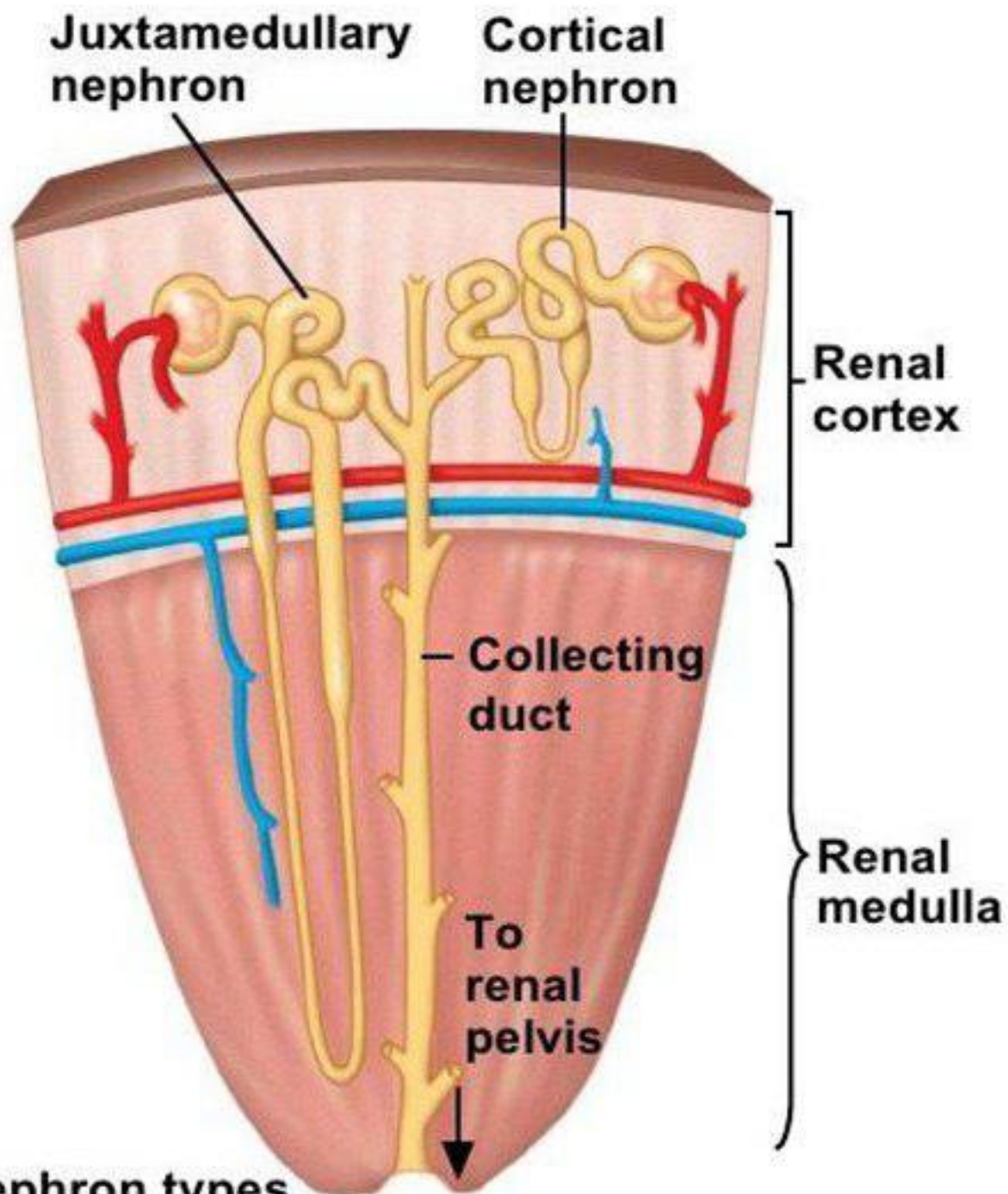


The renal medulla

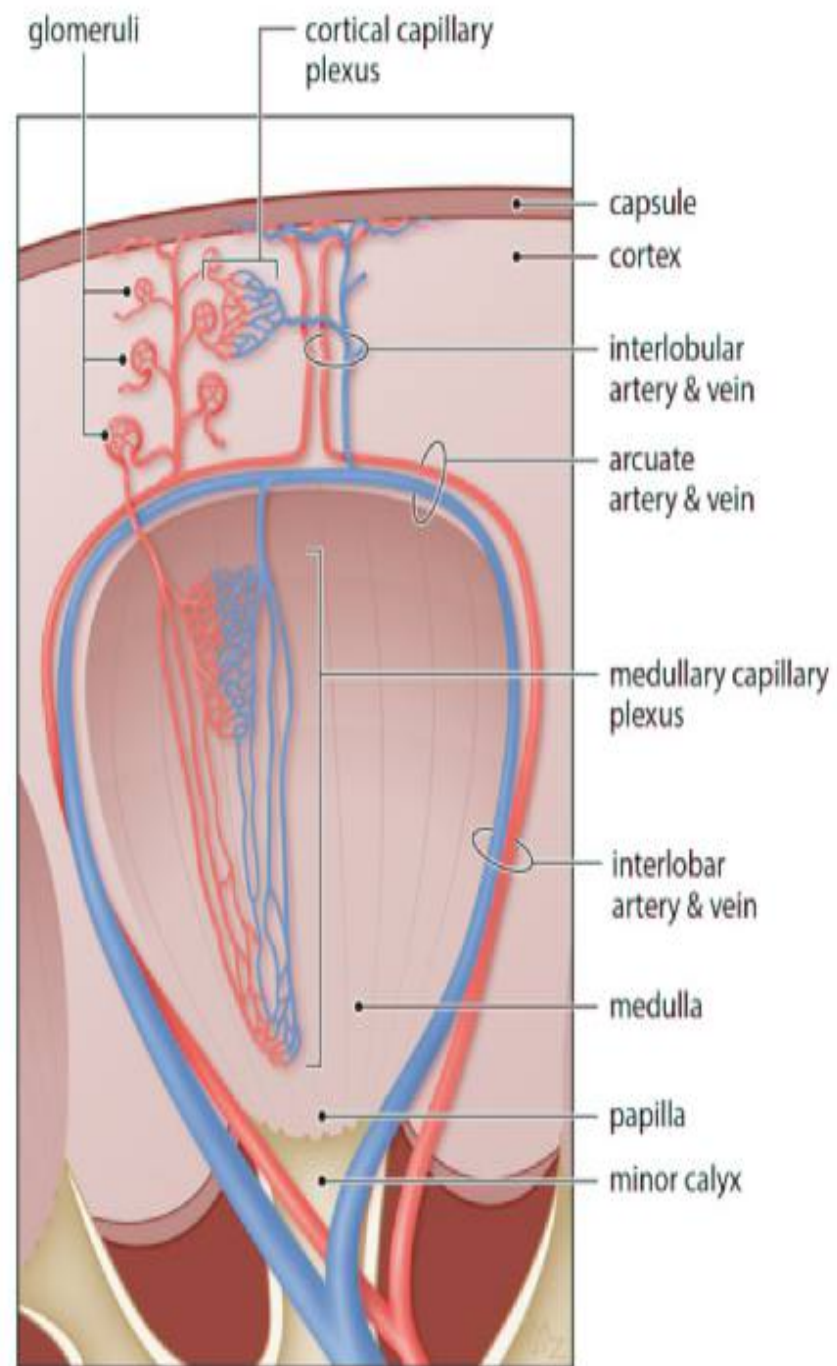
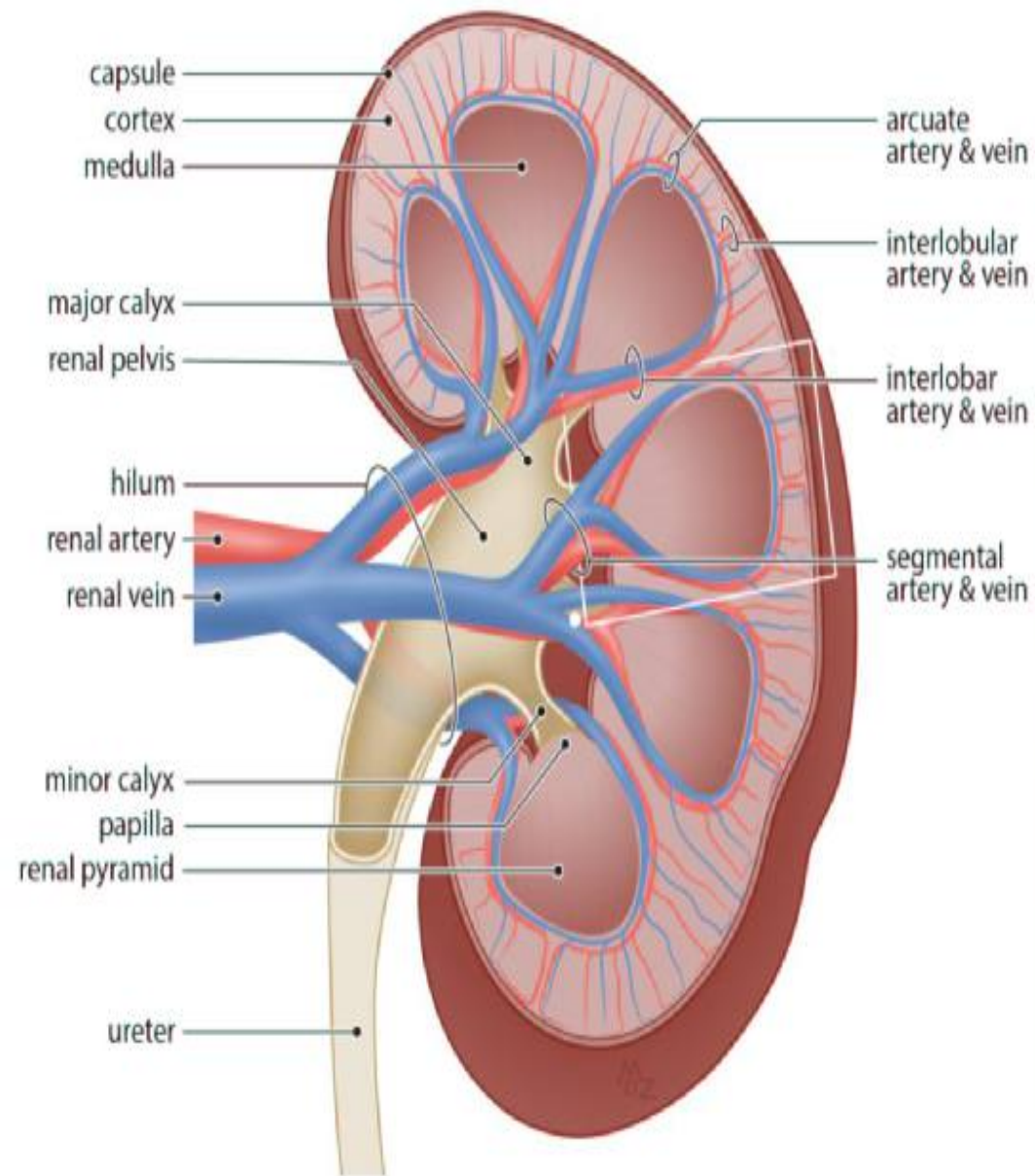
It is composed of 8-12 pyramids.:

- Their bases form the corticomedullary junction
- Their apices (**The renal papillae**): protrude into the minor calyces.
- The apex of the pyramid is perforated by 20 or more openings of collecting ducts (ducts of Bellini).
- The tip of the papilla is perforated by the openings of the larger collecting ducts and so, it is called **The Area Cribrosa**
- The apex projects into a minor calyx. 3-4 minor calyces join to form a major calyx which empty in renal pelvis (the expanded upper end of the ureter)





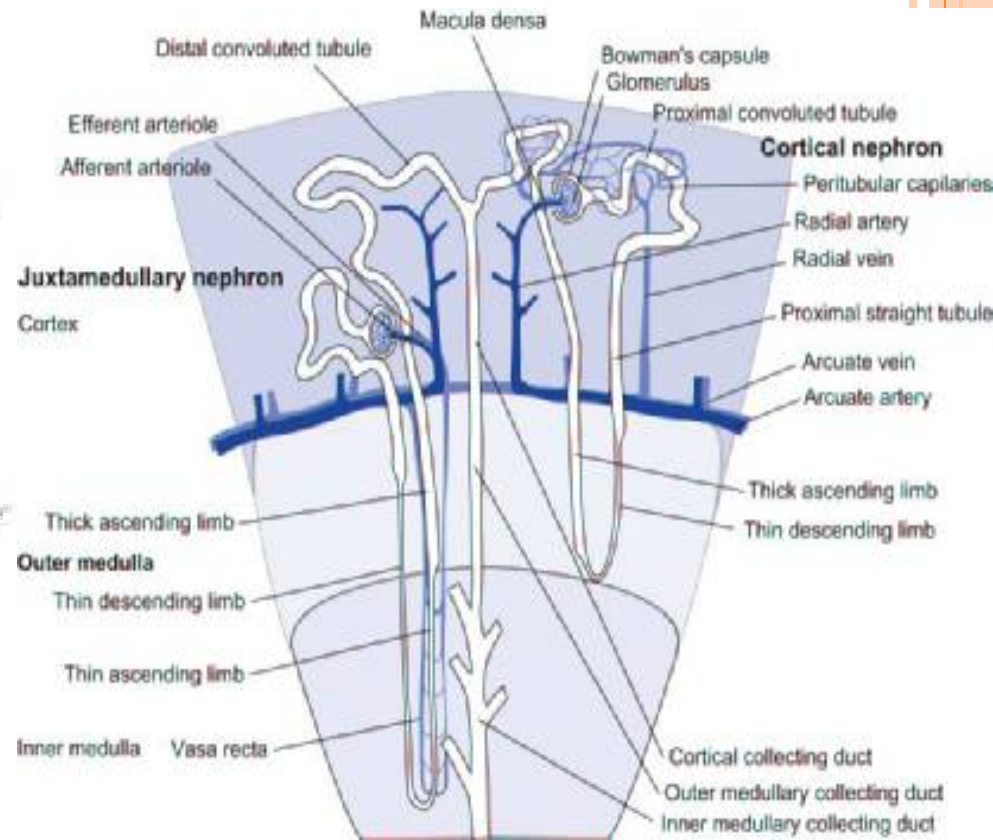
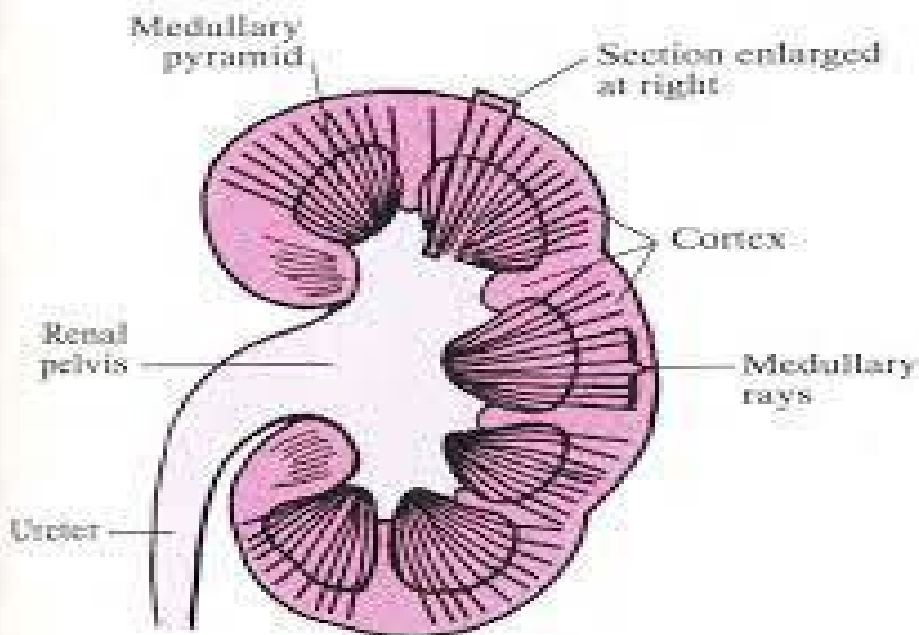
(c) Nephron types

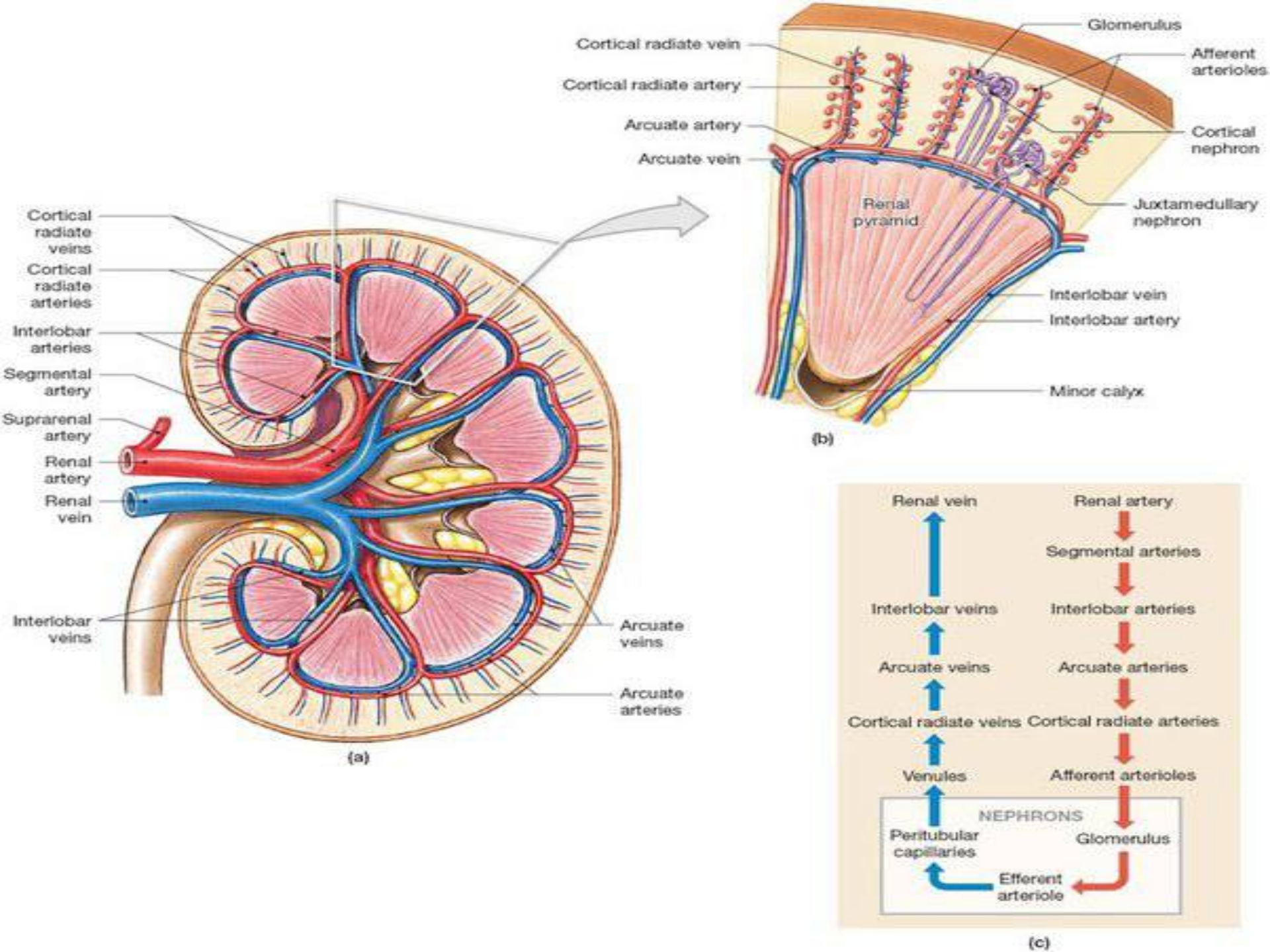


Important Terms

Medullary Rays

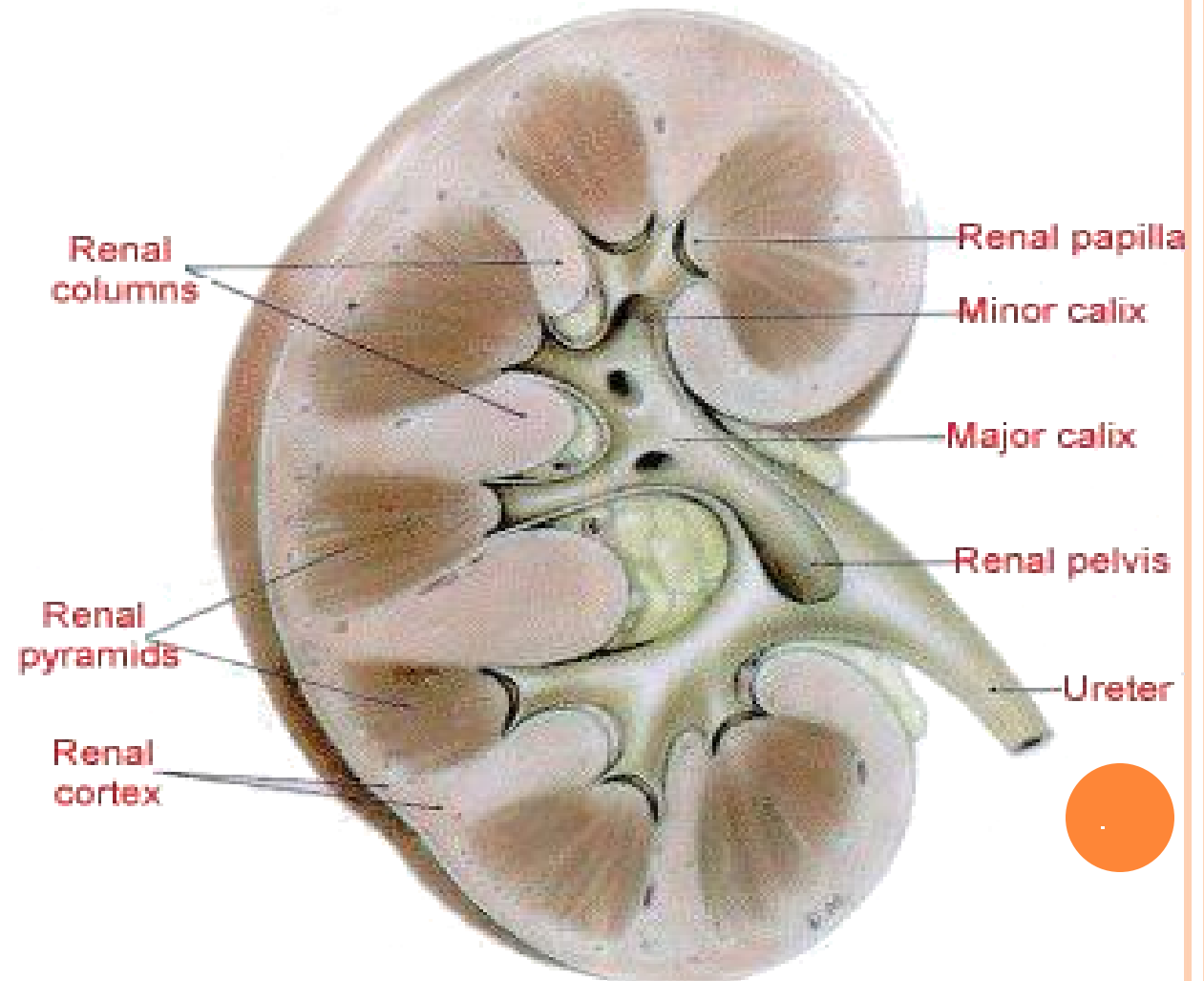
Striations extend from the medulla into the cortex, represent straight segments of renal tubules + cortical collecting ducts





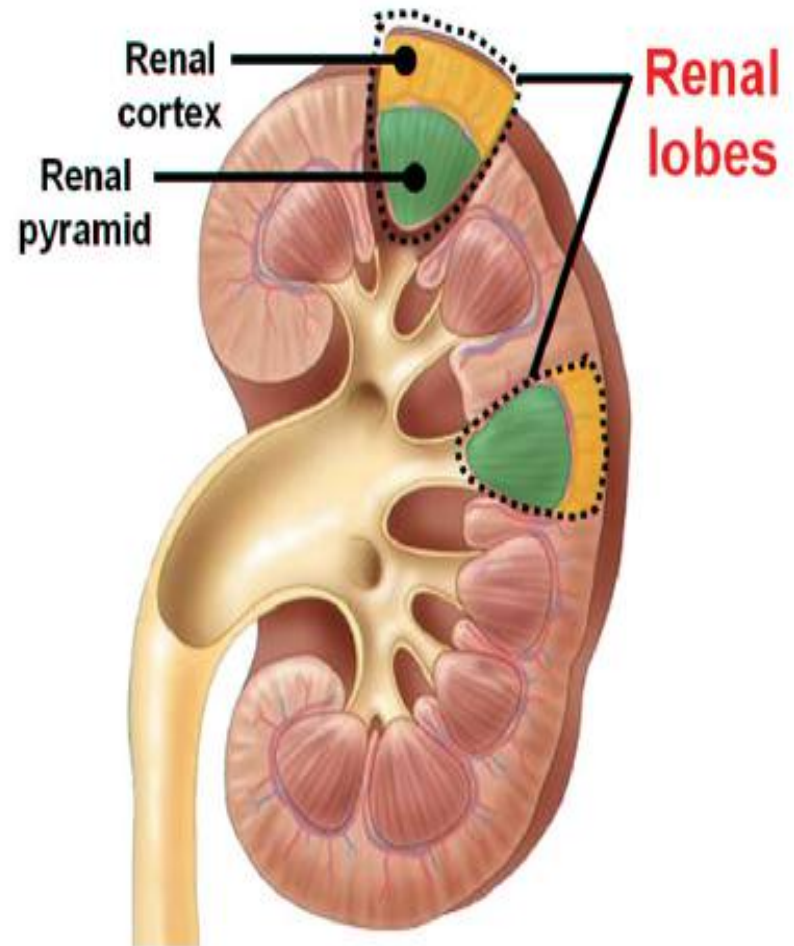
Renal Columns

Extension from cortex into the medulla between the medullary pyramids



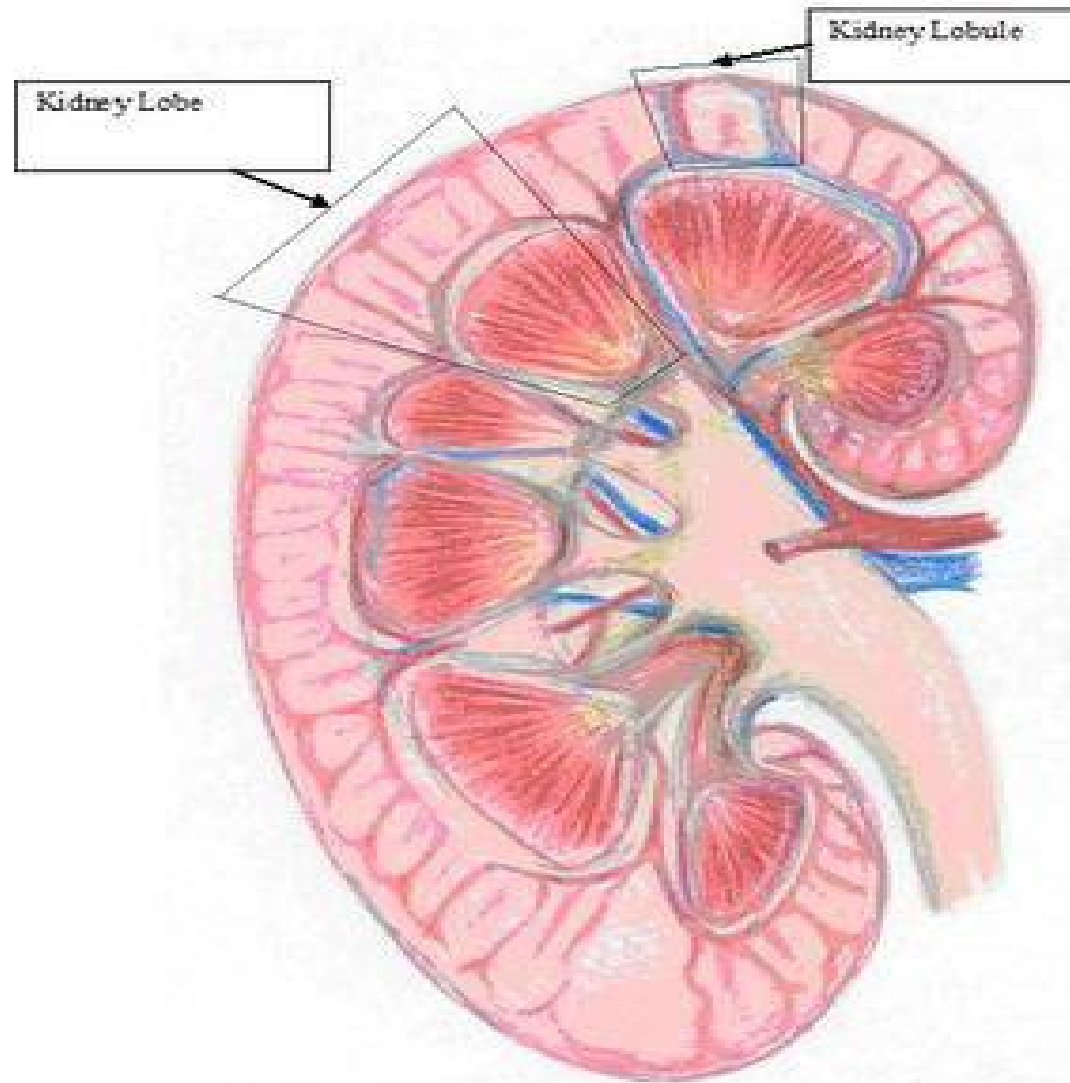
Renal Lobe

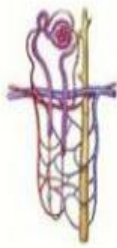
Medullary pyramid + mass of cortical tissue surrounding it at the base and sides (1/2 of adjacent renal columns)



Renal lobule

Medullary ray + mass of cortical tissue surrounding it





URINARY SYSTEM

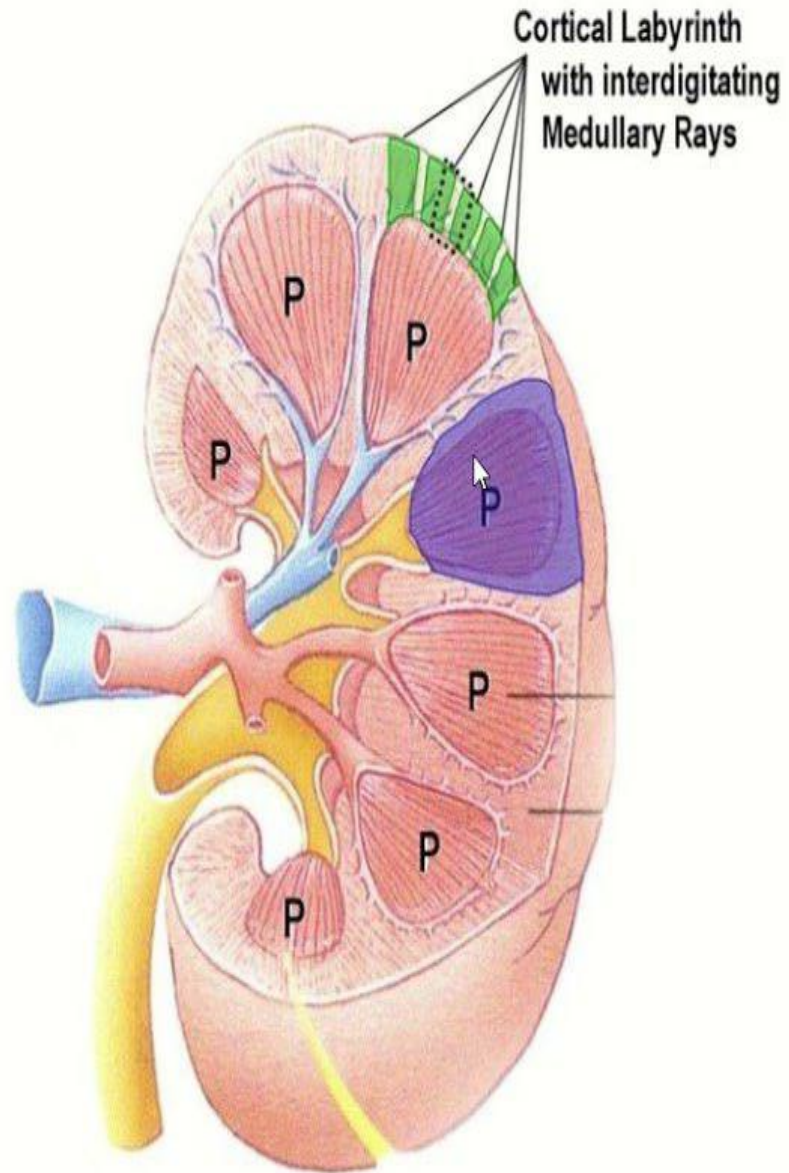
• KIDNEY (ORGANIZATION)

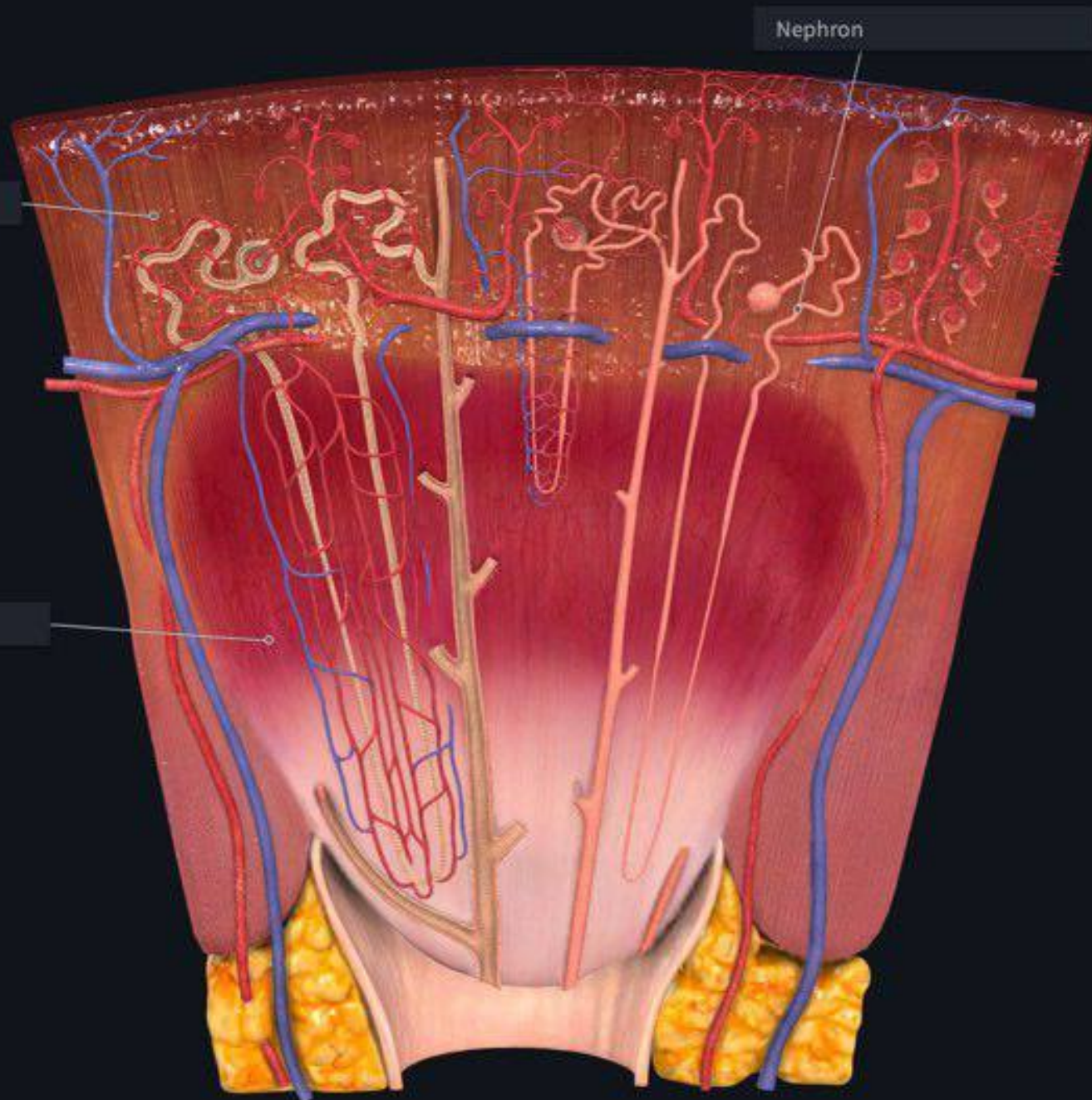
RENAL LOBE

- a single pyramid with its associated overlying cortex

RENAL LOBULE

- defined within cortex and involves a single medullary ray (central axis of lobule) with adjacent adjacent cortical labyrinth
- defined as a functional unit that consists of a collecting duct and all the nephrons that it drains



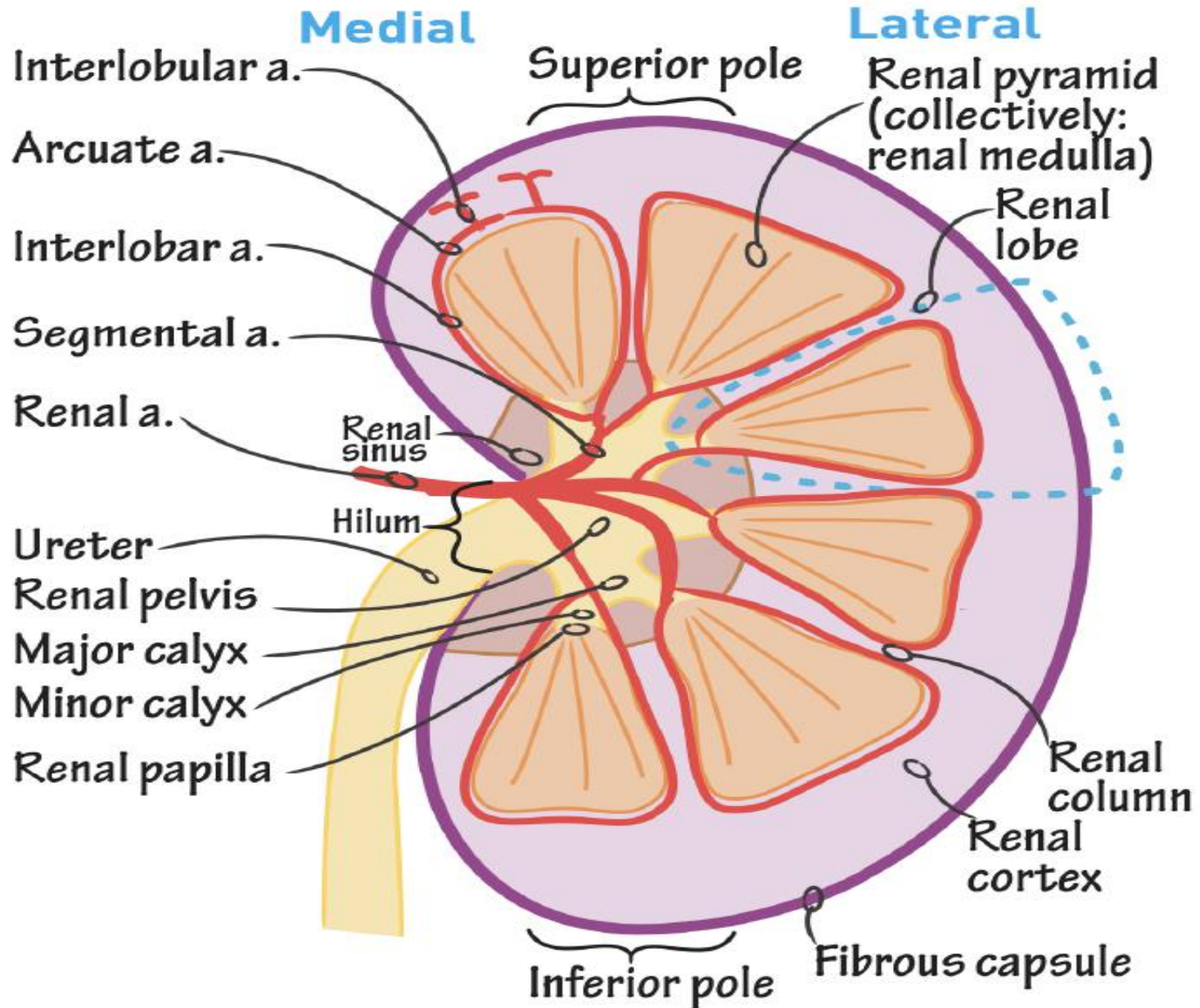


Nephron

Renal Cortex

Renal medulla

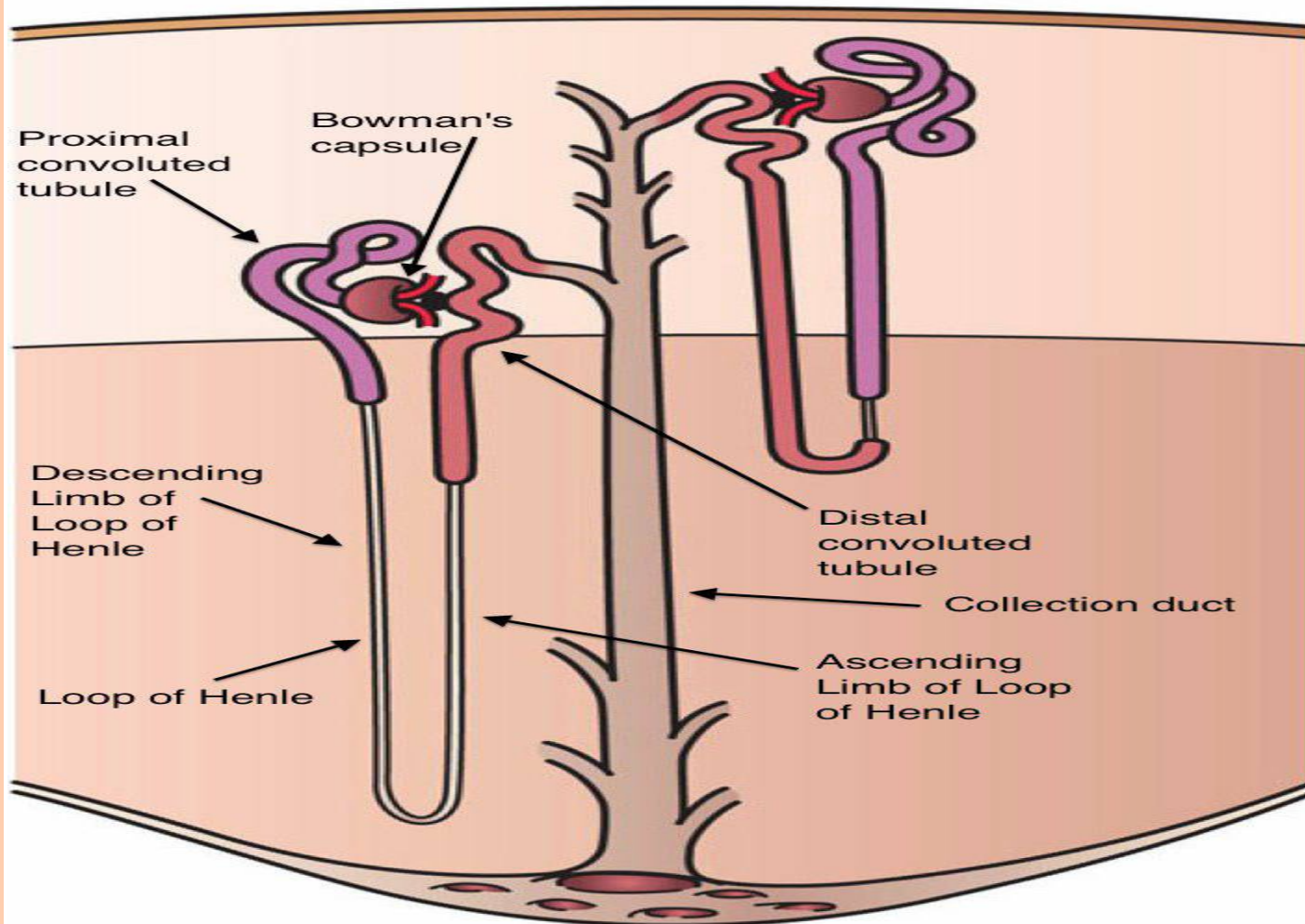
KIDNEY (Left; Coronal Section)



Types of nephrons

Cortical Nephron

Juxtamedullary Nephron



Cortical nephrons

- ◆ About 85% of the nephrons are of such type.
- ◆ The Renal Corpuscles of these nephrons are present in outer cortex.
- ◆ The Henle's loop in these nephrons is shorter and limited to upper medulla only.
- ◆ Vasa recta is lacking.
- ◆ Mainly related with excretion.

Juxtamedullary nephrons

- ◆ About 15% of the nephrons are of such type.
- ◆ The Renal Corpuscles of these nephrons are present in the inner cortex.
- ◆ The Henle's loop in these nephrons is longer, and elongated upto deep Medulla.
- ◆ Vasa recta is well developed
- ◆ Mainly related with Osmoregulation.



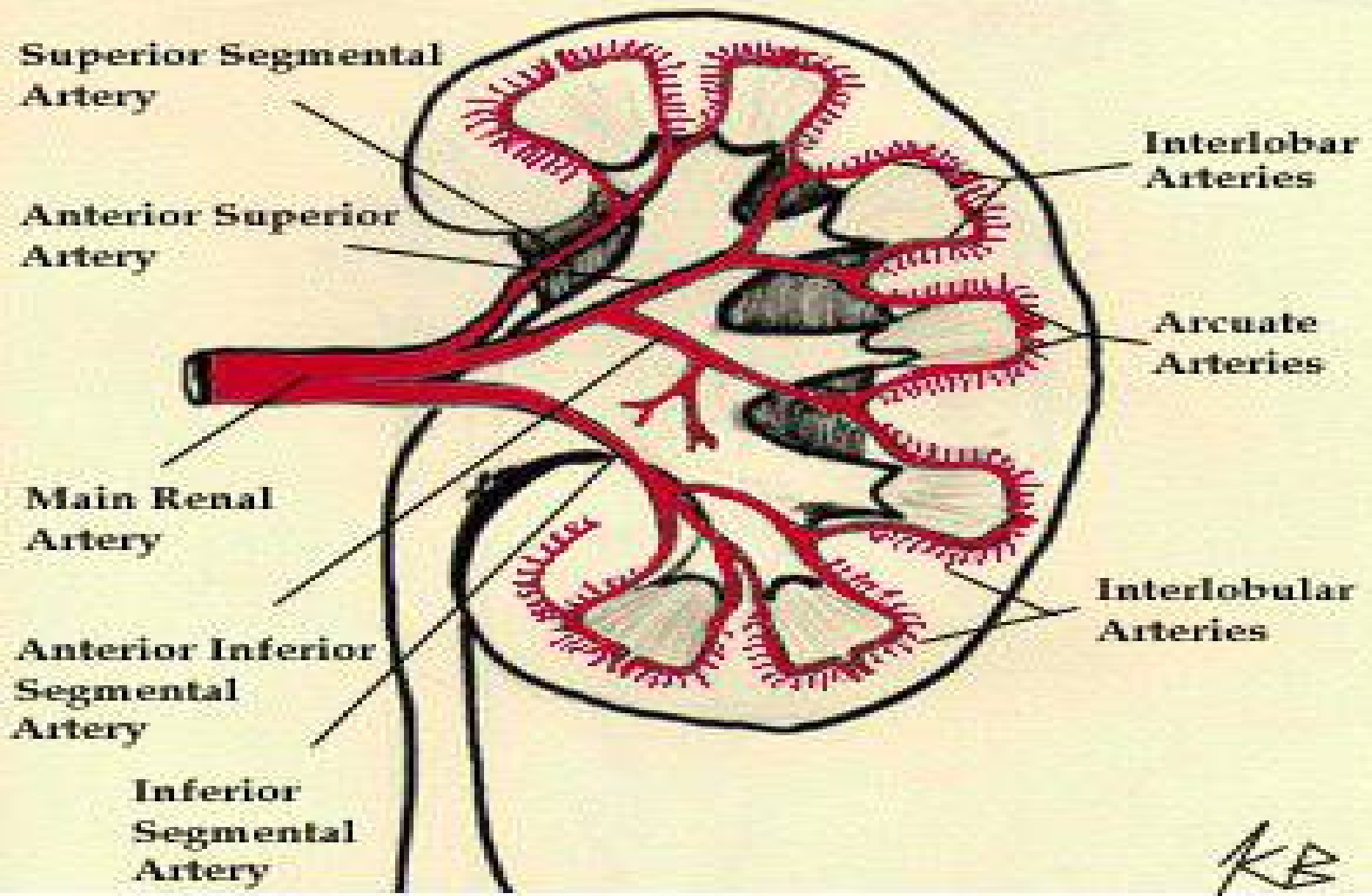
Blood Supply of the kidney

The **renal artery** enters the renal hilum >>>>
interlobar arteries run between renal pyramids
>>>> the **arcuate arteries** at the corticomedullary
junctions, follow an arched course along the bases
of the pyramids >>>> **interlobular arteries** >>>> the
afferent arteriole >>>> renal corpuscles >>>>
glomerular capillaries (first capillary network)
>>>> the **efferent arteriole** >>>> a second capillary
network



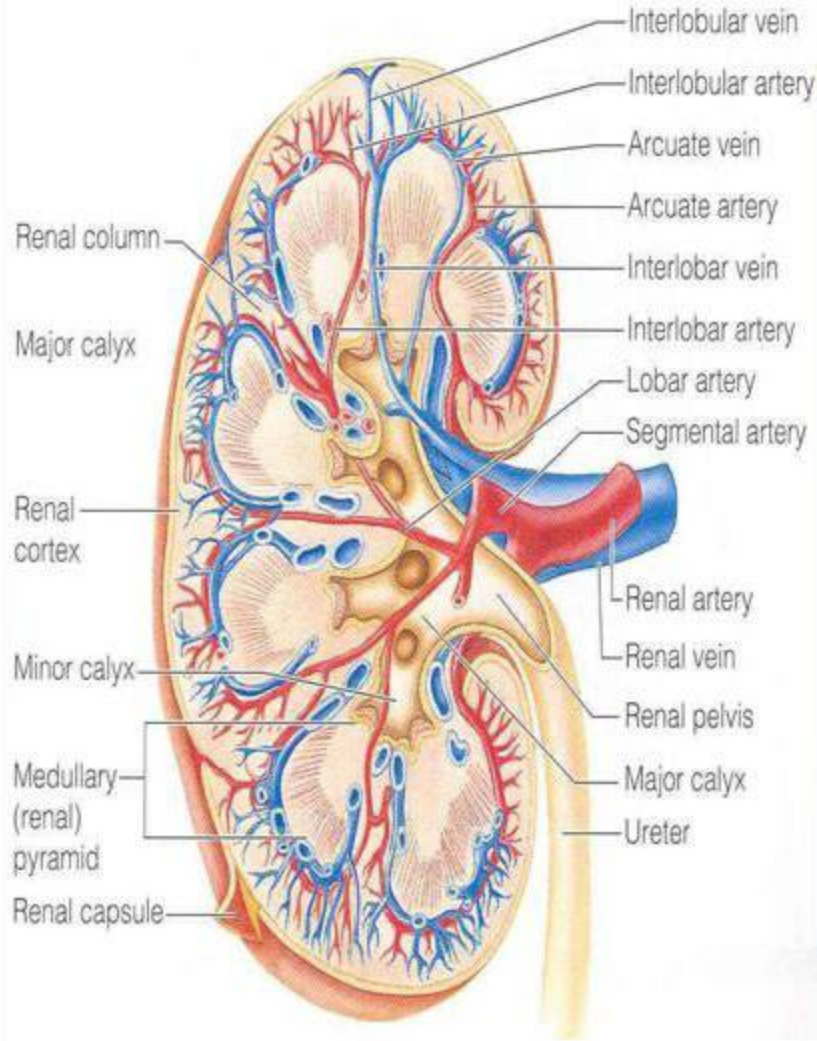
Histology Lab Part 16: Slide 47

LUNNEN



Blood Supply

- Abdominal aorta
- ↓
- Renal artery
- ↓
- Segmental arteries
- ↓
- lobar arteries
- ↓
- Interlobar arteries
- ↓
- Arcuate arteries
- ↓
- Interlobular arteries
- ↓
- afferent glomerular arterioles



- Inferior vena cava
- ↑
- Renal vein
- ↑
- Interlobar veins
- ↑
- Arcuate veins
- ↑
- Interlobular veins

The arrangement of the second capillary network differs according to the position of renal corpuscle:

-In cortical nephrons (sub capsular corpuscle):

Efferent arterioles give rise to the peritubular cortical capillaries that surround the nearby renal tubules

-In the juxtamedullary corpuscles:

Efferent arterioles give rise to the vasa recta (straight capillary loops run close and parallel to the loop of Henle and the collecting ducts).



The Venous Drainage

Follows the same course as the corresponding arteries (the venous ascending limbs of vasa recta drain directly into the arcuate veins).



Function of vasa recta

Together with loop of Henle : counter current multiplier mechanism

Function: concentration of urine

- Loop of Henle: create hyperosmolar medullary interstitium
- Vasa recta: maintain this hyperosmolarity



Urine formation Preview

Glomerular filtration

Creates a plasma like filtrate of the blood

Tubular reabsorption

Removes useful solutes from the filtrate, returns them to the blood

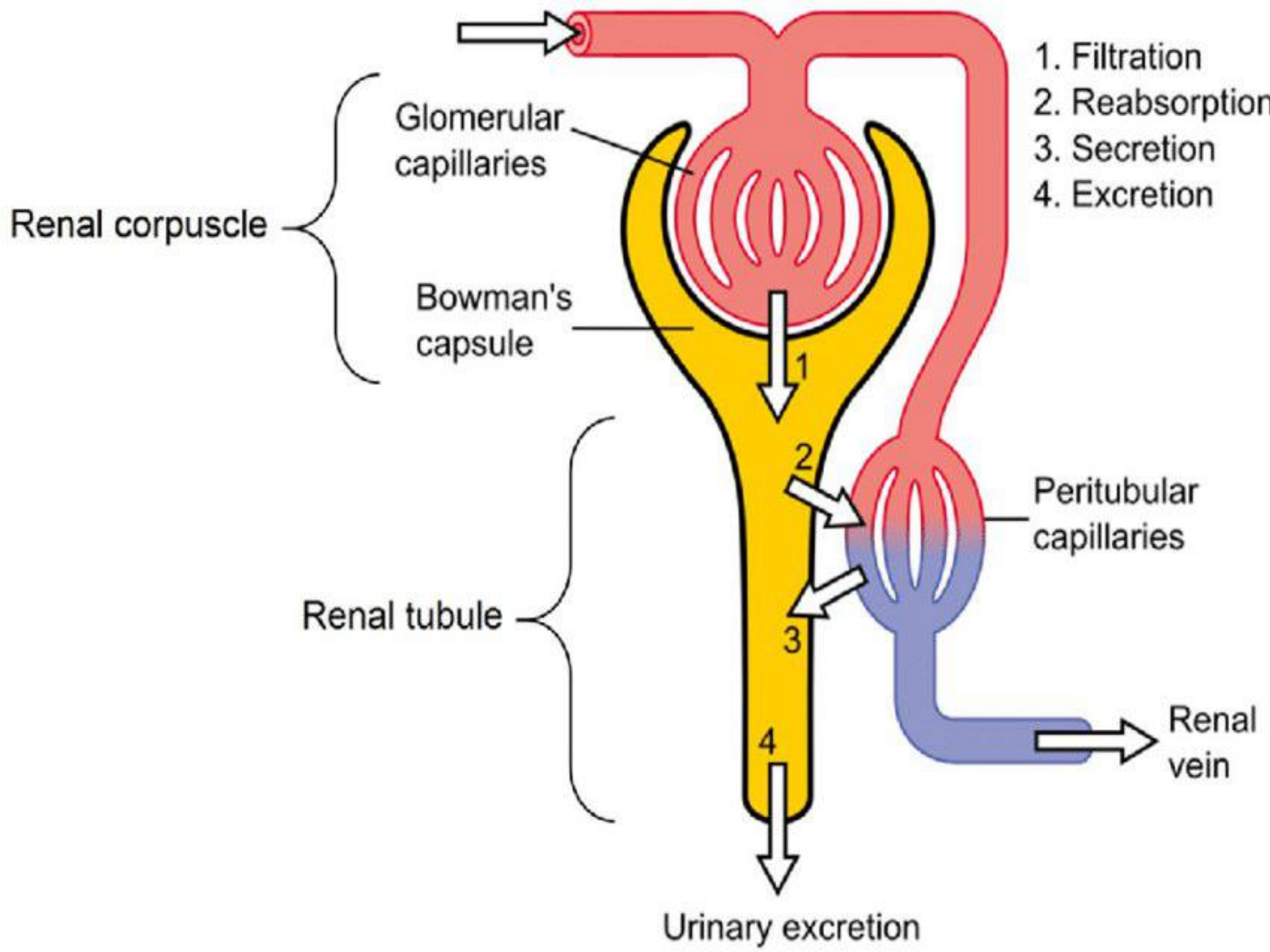
Tubular secretion

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





1- Renal Corpuscle (Malpighian corpuscle)

Located in the renal cortex

Formed of a tuft of capillaries (the glomerulus) enclosed by the Bowman capsule

The glomerulus forms the vascular pole of the corpuscle

The Bowman capsule forms the urinary pole of the corpuscle

Within the Bowman capsule is the Bowman space, which is continuous with the renal tubule

The Bowman capsule is separated from the capillaries of the glomerulus by the glomerular filtration barrier



Components of Renal corpuscle

Glomerulus: a tuft of capillaries within the Bowman capsule formed of three parts

Afferent arterioles: the blood vessel that enters and supplies the glomerulus of the kidney for filtration

Branch into anastomosing glomerular capillaries, between capillaries, lie intraglomerular mesangial cells (contractile cells capable of phagocytosis and lysosomal degradation)

Efferent arterioles: the blood vessel that carries previously filtered blood away from the glomerulus (drains from the glomerulus)



Bowman capsule: cup-like sac that surrounds the glomerular capillaries

Outer (parietal) surface: simple squamous epithelium

Inner (visceral) surface: podocytes

The space between the parietal and visceral surfaces, which is continuous with the proximal convoluted tubule, is referred to as the Bowman space.



Mesangium: It is the connective tissue filling the interstitial spaces between the glomerular capillaries at the surfaces that are not covered by the podocyte.

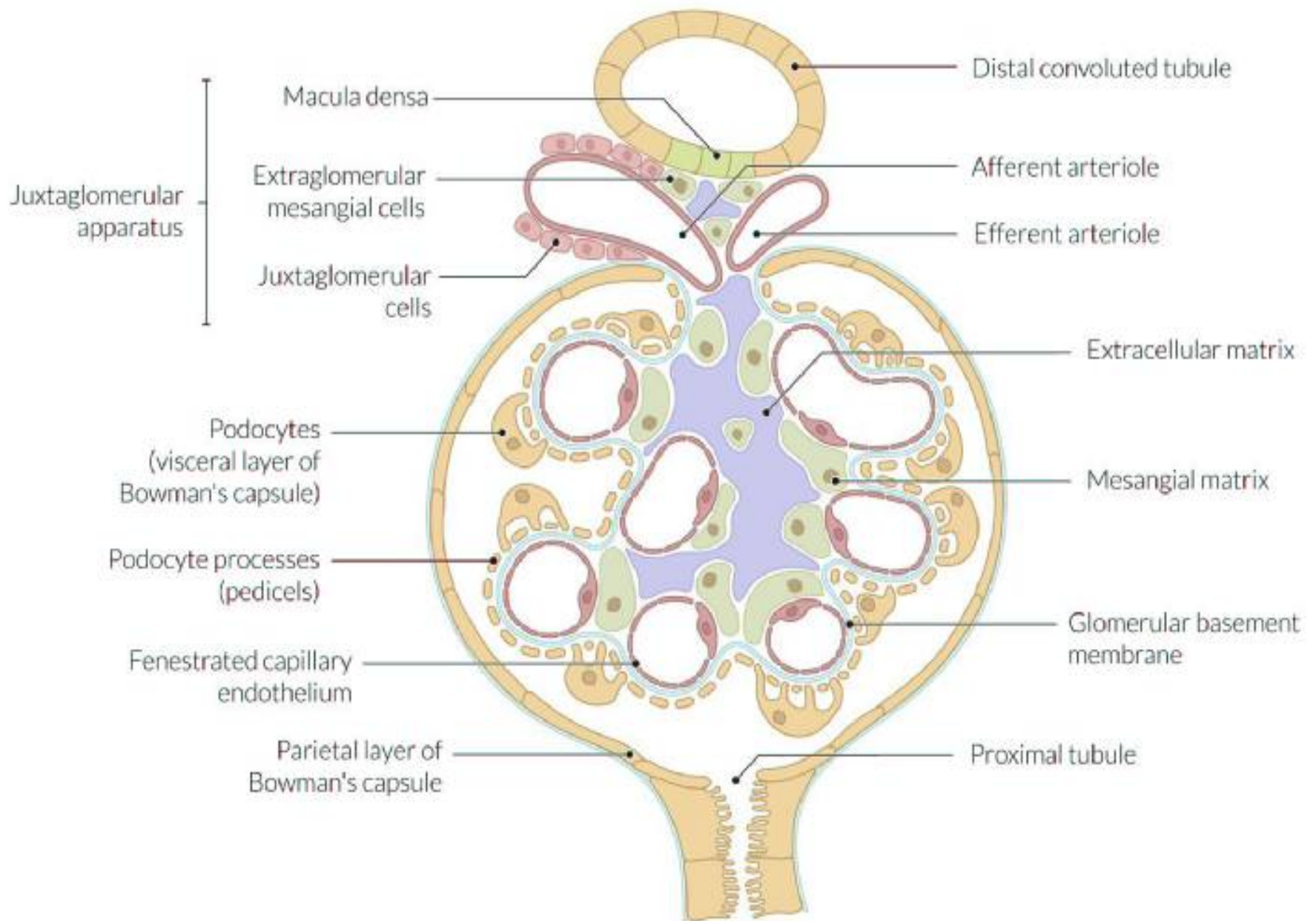
Components:

- A) The mesangial matrix
- B) The intra glomerular mesangial cells

Function:

- A) Support the glomerular capillary walls where podocytes are lacking
- B) Continuous turnover of glomerular basement membrane by phagocytosis of the filtration residues (its renewal is done by podocytes and glomerular endothelial cells).





Function

filtration of blood across the glomerular filtration barrier, forming ultra filtrate within the Bowman space

The glomerular filtration barrier separates the blood within the glomerular capillaries from the ultra filtrate in the Bowman space.

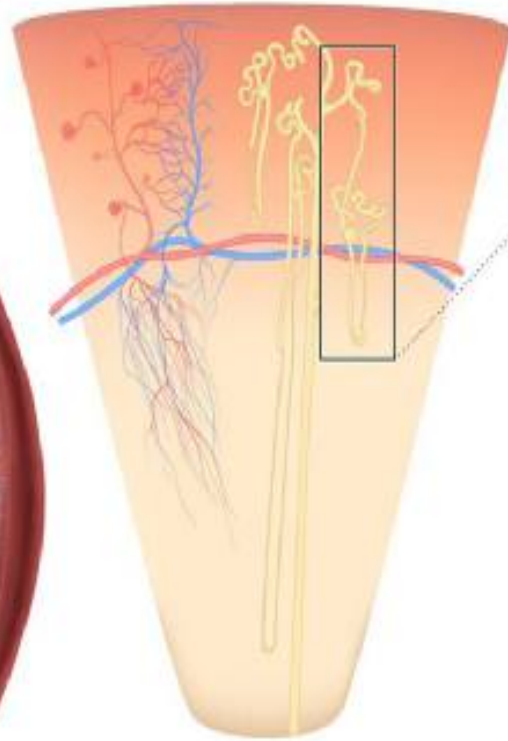
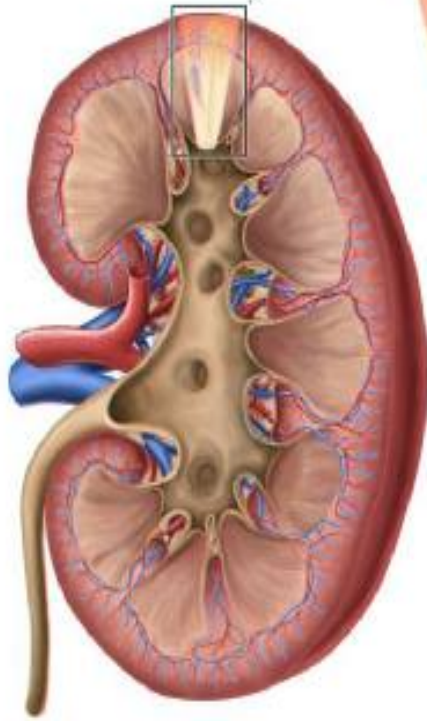
Water, electrolytes, and other small molecules cross the filtration barrier to form the ultra filtrate.

Cells and large or negatively-charged molecules, e.g., proteins, cannot cross the filtration barrier and remain within the blood (size and charge selectivity).

The glomerular filtration barrier is composed of three layers: the fenestrated glomerular capillary endothelium, the glomerular basement membrane, and the podocyte layer.



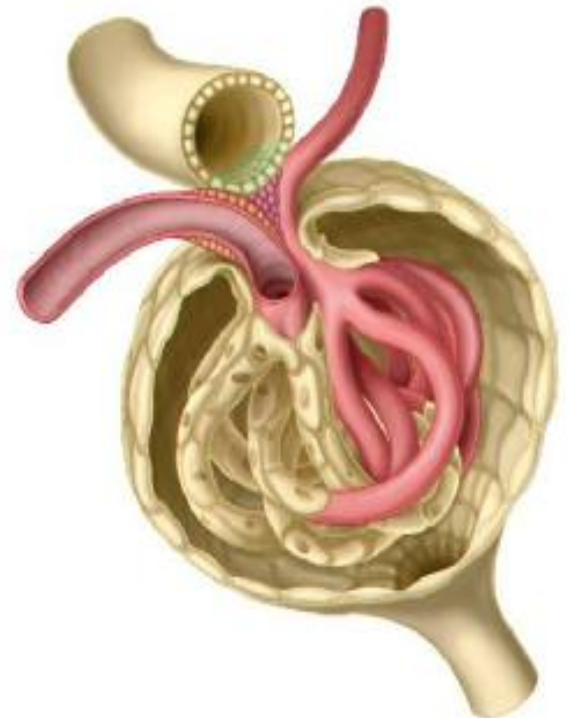
Structure of kidney



Nephron



Renal corpuscle



Layers of the glomerular filtration barrier

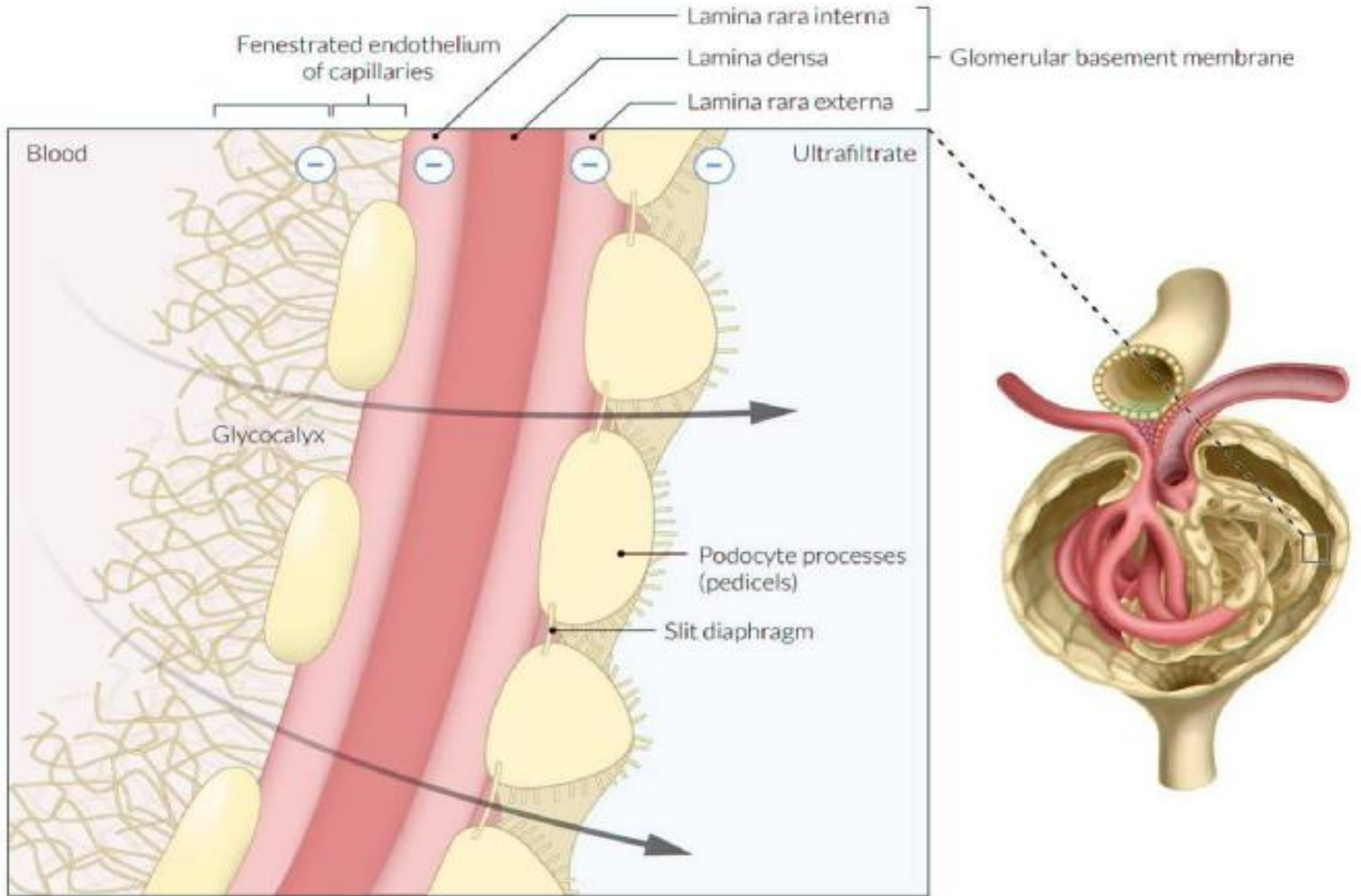
Fenestrated glomerular capillary endothelium	Porous <u>capillary endothelium</u> (fenestrated <u>endothelium</u>)
Glomerular basement membrane (<u>GBM</u>)	Consists of 3 layers <u>Lamina rara</u> interna: covers the <u>endothelium</u> and contains <u>heparan sulfate</u> <u>Lamina densa</u> : consists of <u>type IV collagen</u> and <u>laminin</u> <u>Lamina rara</u> externa: covers <u>podocytes</u> and contains <u>heparan sulfate</u>
Podocytes	Form the visceral <u>epithelial</u> layer of the <u>Bowman capsule</u> Foot processes surround the <u>glomerular capillaries</u> and leave filtration slits (slit diaphragms)

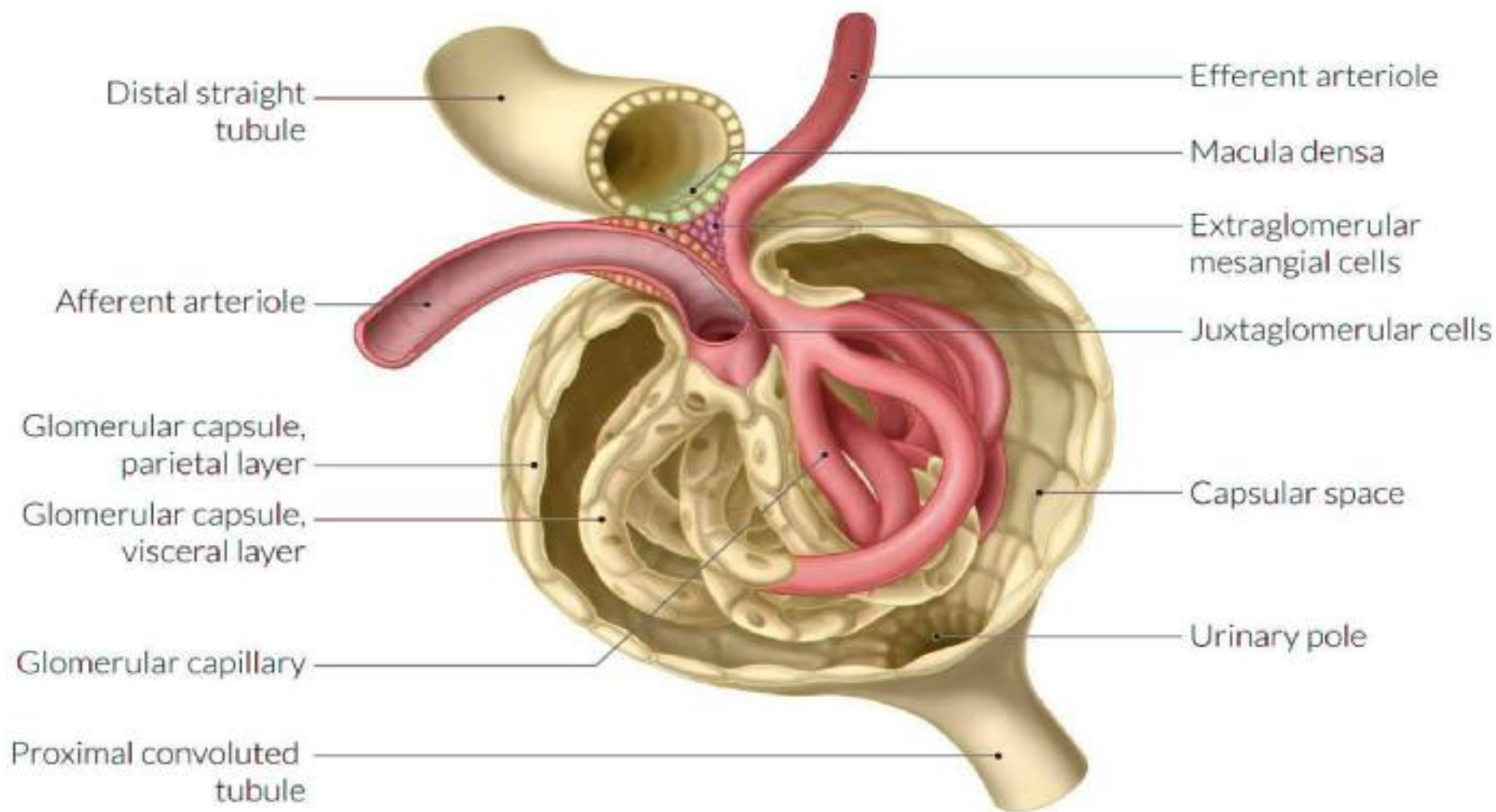


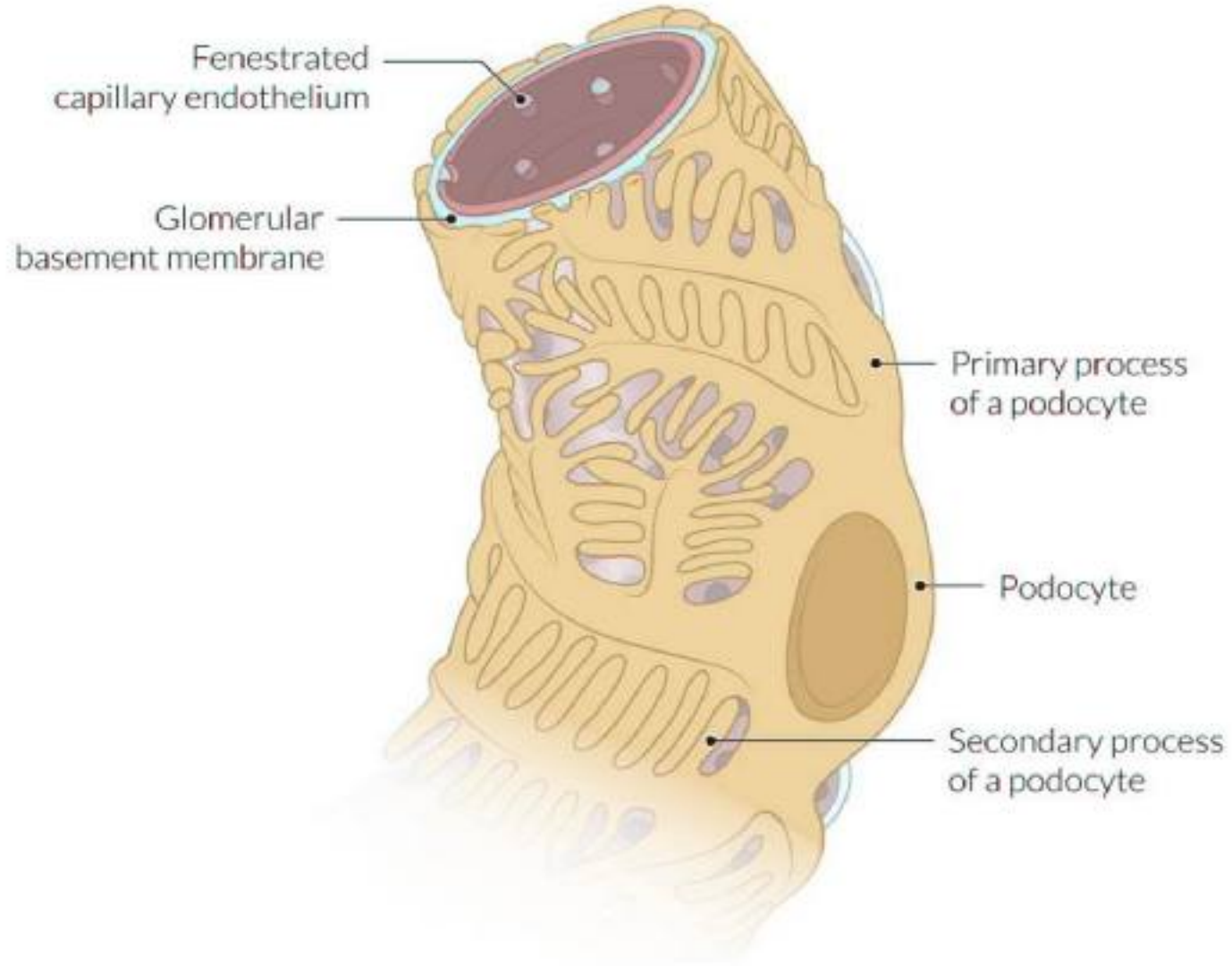
Negatively charged glycoproteins (e.g., with heparan sulfate on the GBM) prevent the entry of negatively charged molecules (e.g., albumin).

The glomerular filtration barrier ensures that large and/or negatively charged molecules in the blood cannot pass into the Bowman capsule.

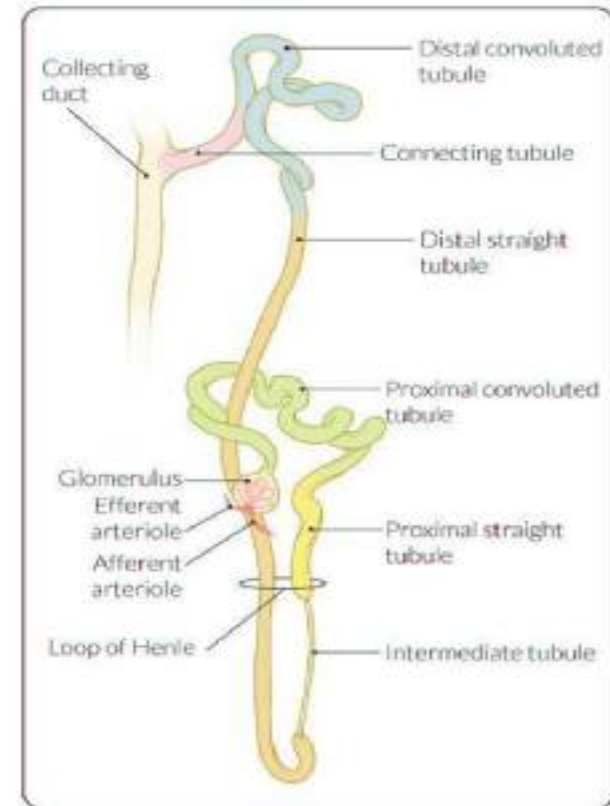
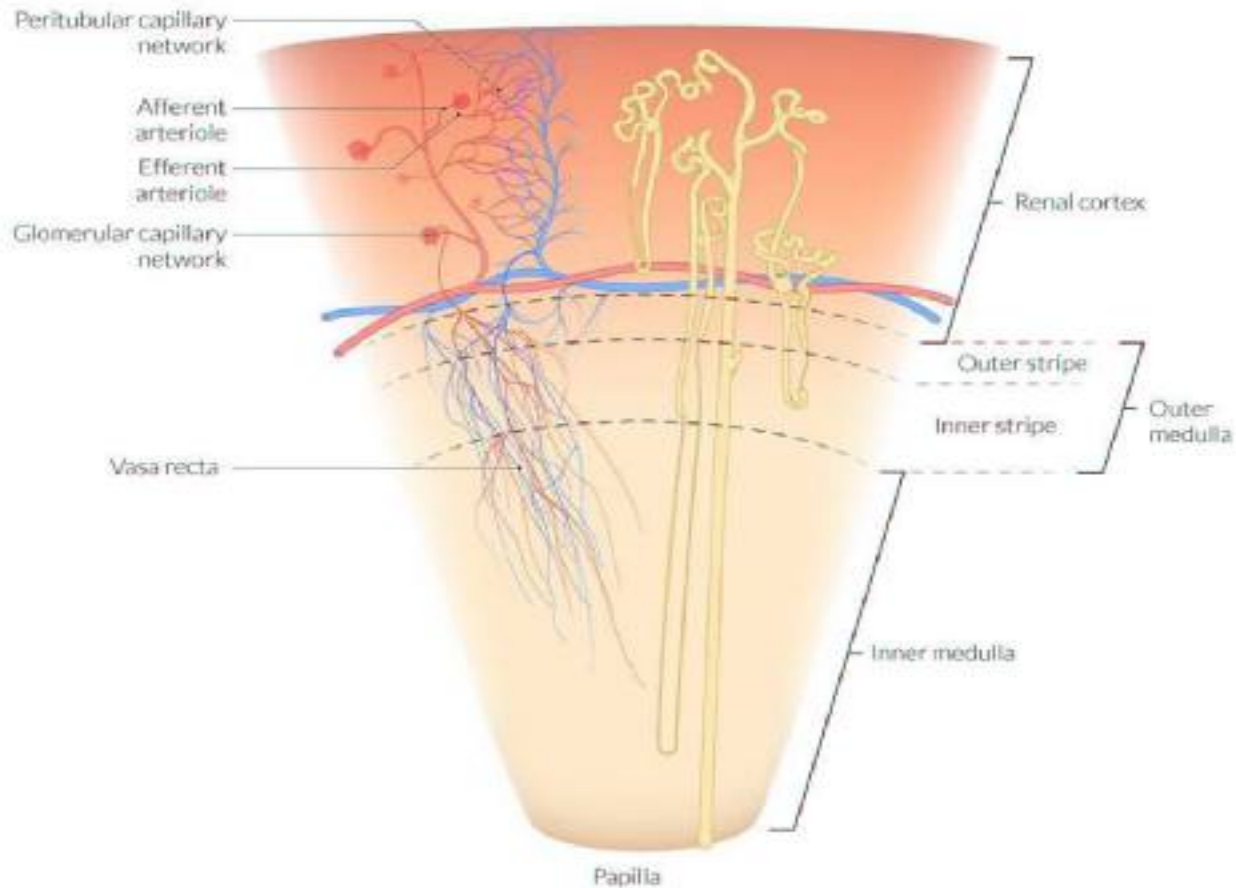








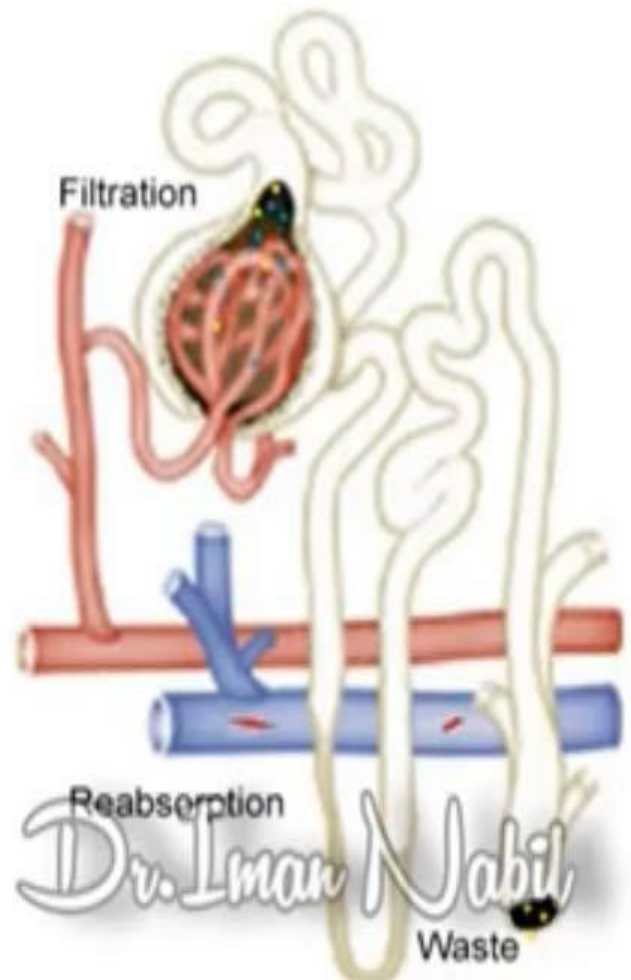
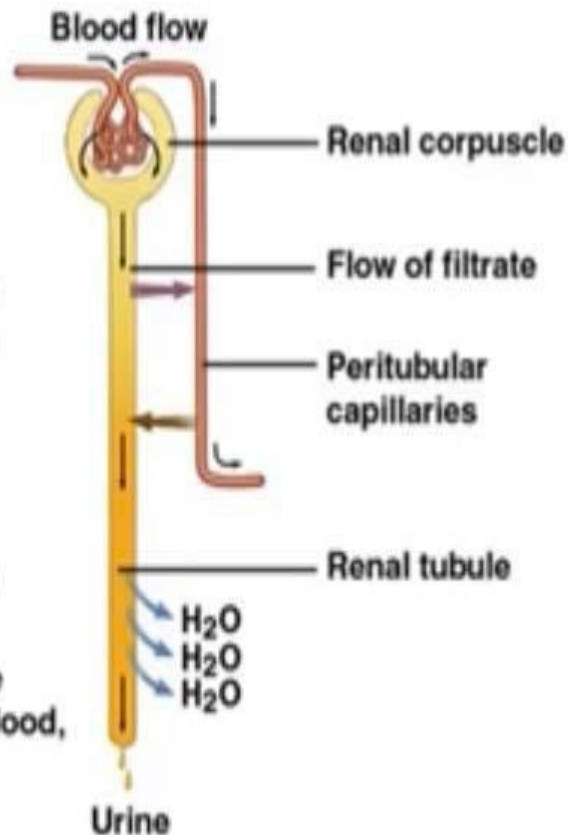
2- Renal Tubules



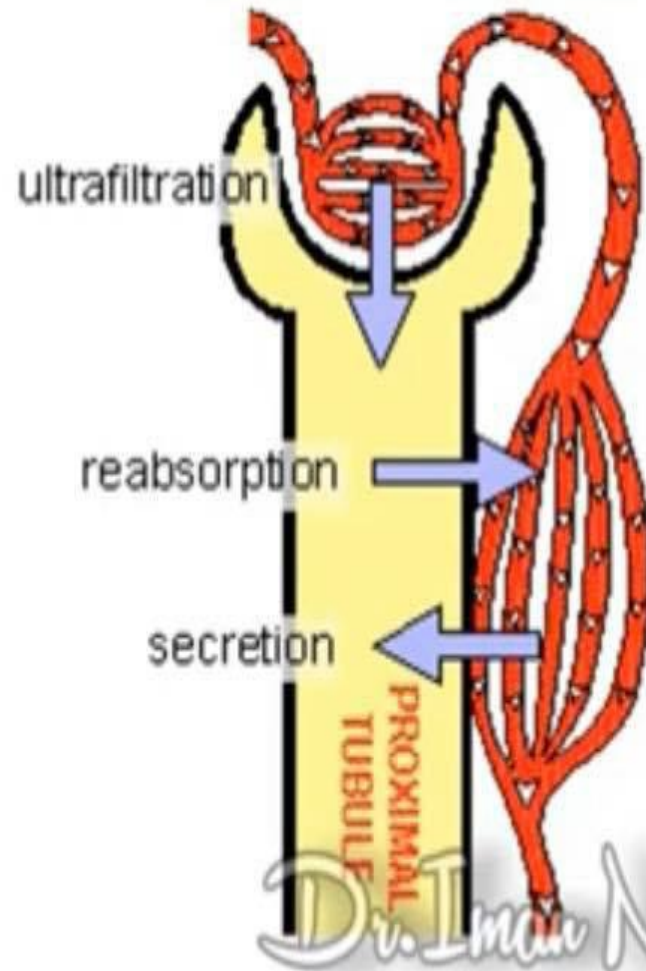
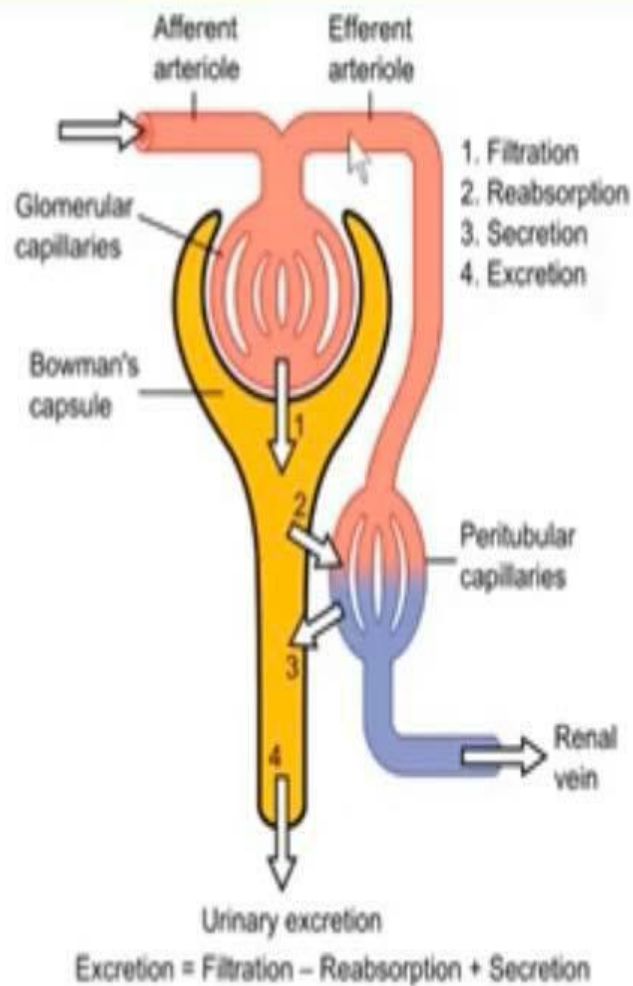
Renal tubules

Urine Formation Preview

- ① **Glomerular filtration**
Creates a plasma-like 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
- ④ **Water conservation**
Removes water from the urine and returns it to blood, concentrates wastes



Renal tubules



Proximal convoluted tubule (PCT)

Renal cortex

Tall, cuboidal cells with brush border (long apical microvilli)
Basal invaginations with multiple mitochondria
Contains lysosomes

Thin descending loop of Henle

Smaller diameter than PCT
Flat, squamous epithelium (resembles capillary endothelium)

Loop of Henle

Thick ascending loop of Henle

Renal medulla

Wider diameter than the descending segment
Epithelium with variable short brush border and tight junctions (impermeable to water)

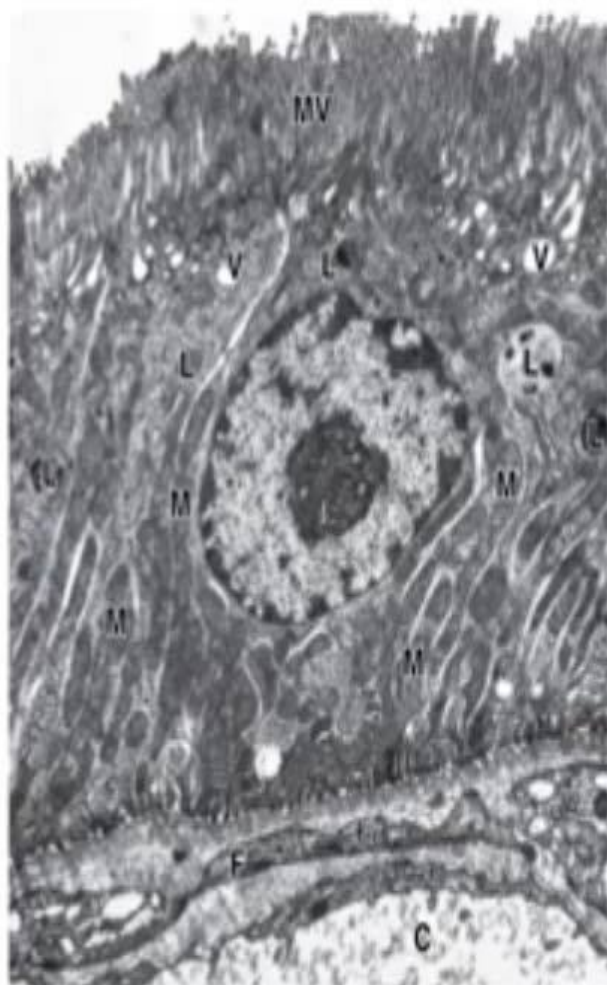
Distal convoluted tubule	<u>Renal cortex</u>	Directly adjacent to the <u>nephron's glomerulus</u> <u>Squamous epithelium</u> of variable thickness with short brush border and <u>tight junctions</u> (impermeable to water)
Connecting tubule and collecting duct	<u>Renal cortex</u> and <u>renal medulla</u>	<u>Connecting tubule</u> collects urine from several <u>nephrons</u> Cuboidal or <u>columnar epithelium</u> <u>Principal cells</u> with <u>tight junctions</u> (with <u>aldosterone receptors</u>) α-Intercalated cells and β-intercalated cells with <u>tight junctions</u>



	PCT	DCT
1- Length	Longer.	Shorter.
2- Diameter	Larger.	Smaller.
3- LM • Shape& number of cells • Lateral boundaries • Lumen • Brush border • Basal striation • Cytoplasm • Nucleus	3-5 tall pyramidal. Indistinct. Narrow;occluded. Well developed. Prominent. Deep acidophilic. Spherical, near to base.	5-8 small cuboidal More distinct Wide. Absent. More prominent Pale acidophilic. Spherical, near to apex.
4- EM • Apically • Basolateral membrane • Mitochondria	Long microvilli, endocytotic vesicles. Lateral interdigitations & basal infoldings occupied by mitochondria. abundant	Short microvilli, few endocytotic vesicles. Less interdigitations & extensive basal infoldings. Less.
5- Function	Obligatory reabsorption of 65% of ultrafiltrate.	1- Facultative reabsorption of Na,H2O, secretion of K. 2- Share in acidification of urine.

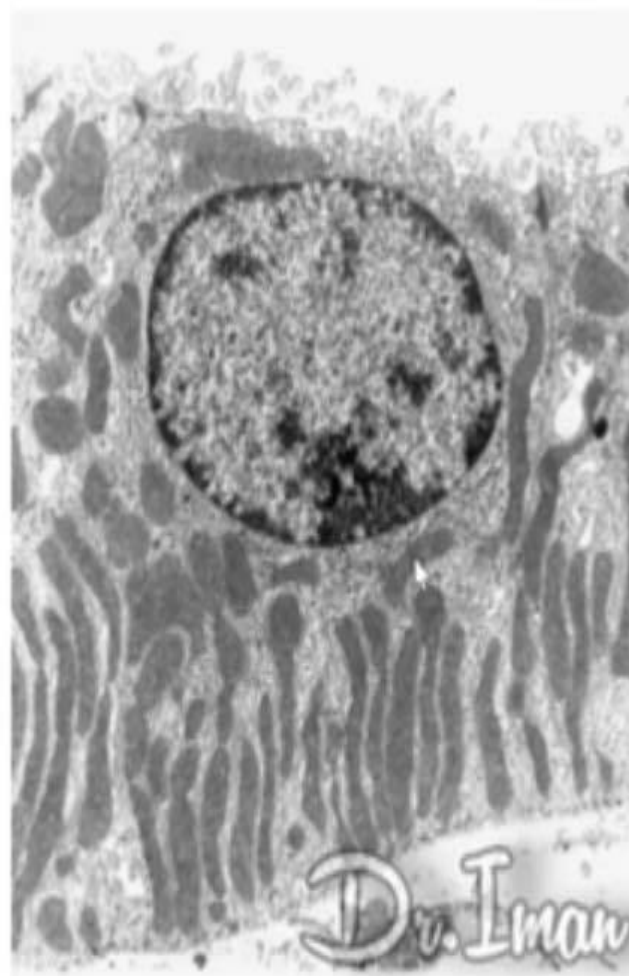
Differences between PCT & DCT

More
reabsorption



Active ion
transport

Less
reabsorption



Active ion
transport

Dr. Iman Nabil

2. Proximal convoluted tubule:
reabsorbs ions, water, and nutrients; removes toxins and adjusts filtrate pH

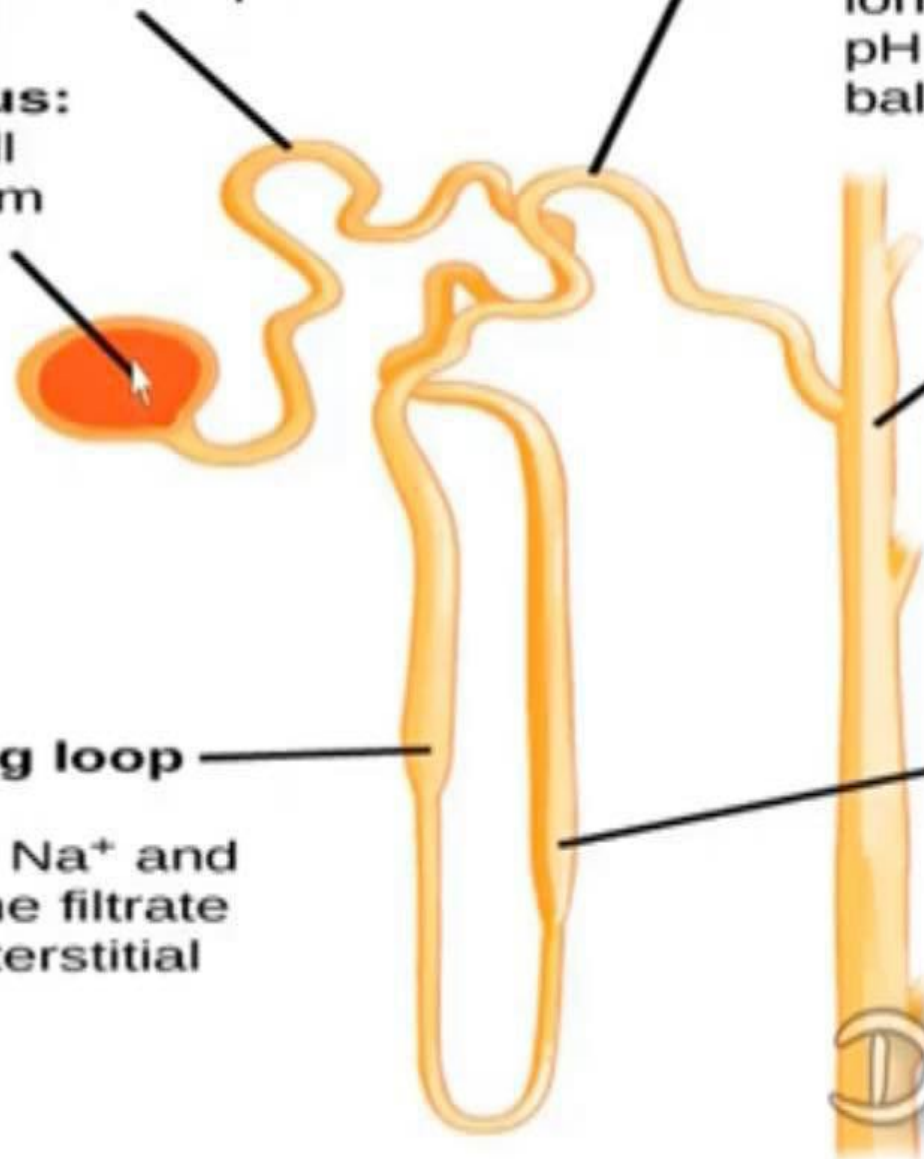
1. Glomerulus:
filters small solutes from the blood

5. Distal tubule:
selectively secretes and absorbs different ions to maintain blood pH and electrolyte balance

6. Collecting duct:
reabsorbs solutes and water from the filtrate

4. Ascending loop of Henle:
reabsorbs Na^+ and Cl^- from the filtrate into the interstitial fluid

3. Descending loop of Henle:
aquaporins allow water to pass from the filtrate into the interstitial fluid

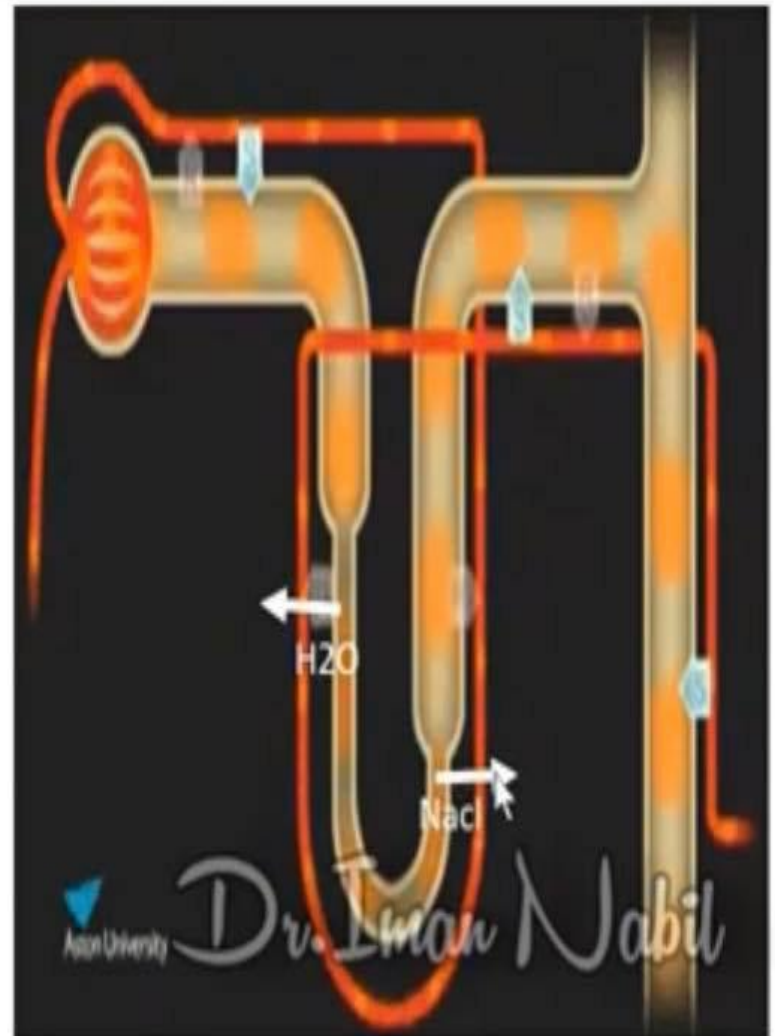


Dr. Imran K. Jabil

III-Loop of Henle

- **Function:** urine concentration in coordination with the vasa recta & renal interstitium.

It requires minimum level of metabolic activity (without expenditure of energy).



3- Juxtaglomerular Complex

Definition

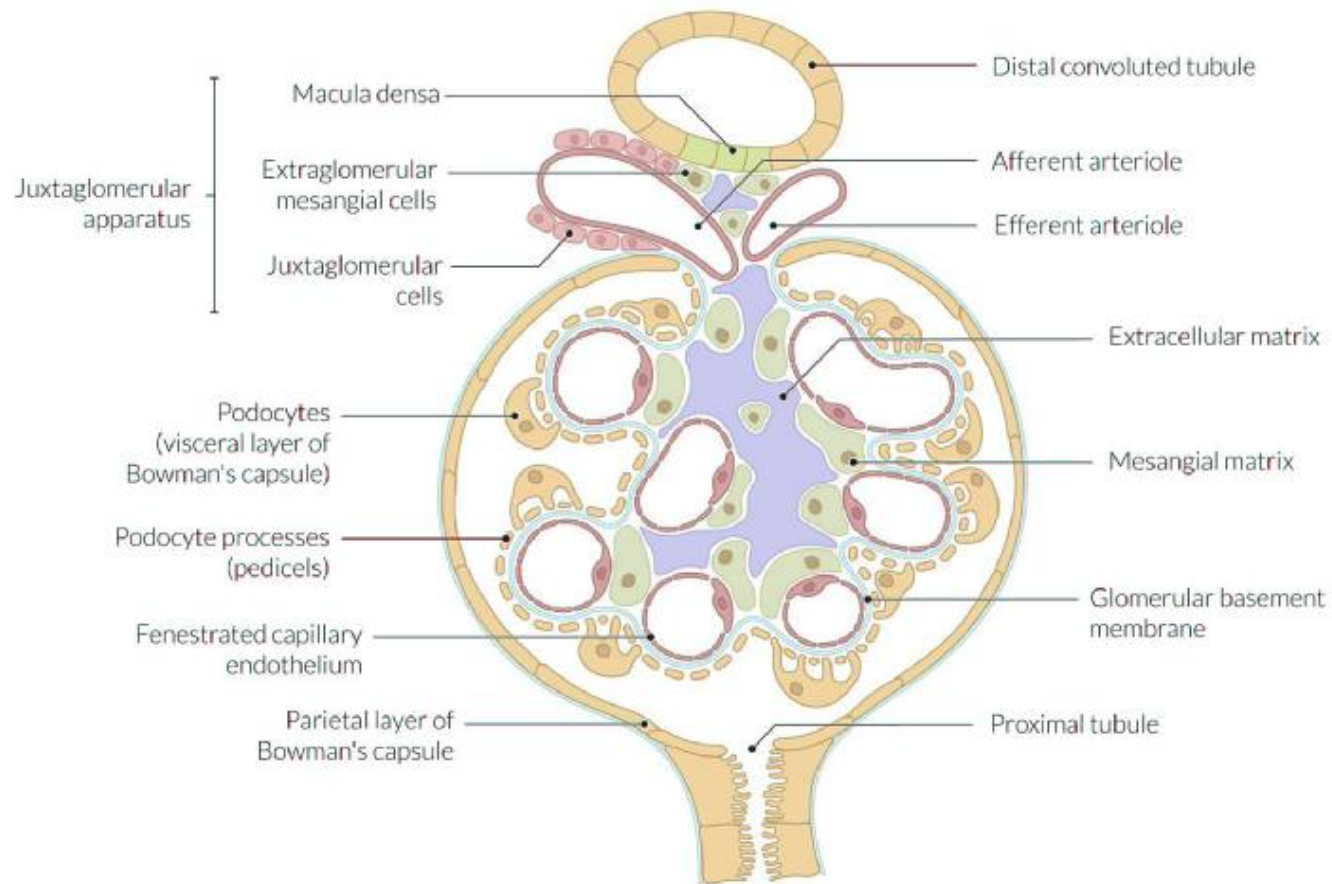
A specialized structure within the nephron

Located between the distal convoluted tubule (DCT) and the afferent arteriole of the nephron

Maintains the GFR by regulating the renin-angiotensin-aldosterone system (RAAS)



Components



Juxtaglomerular cells

Modified smooth muscle cells located in the afferent arterioles

Function: renin synthesis

Macula densa

Composed of tall cuboidal cells located at the distal end of the thick ascending loop of Henle – OSMORECEPTORS

Monitors the NaCl concentration within the lumen of the DCT

Hypoosmolar urine triggers the release of renin → vasoconstriction of the efferent arteriole → increase in GFR

Hyperosmolar urine triggers the release of adenosine → vasoconstriction of the afferent arteriole → decrease in GFR

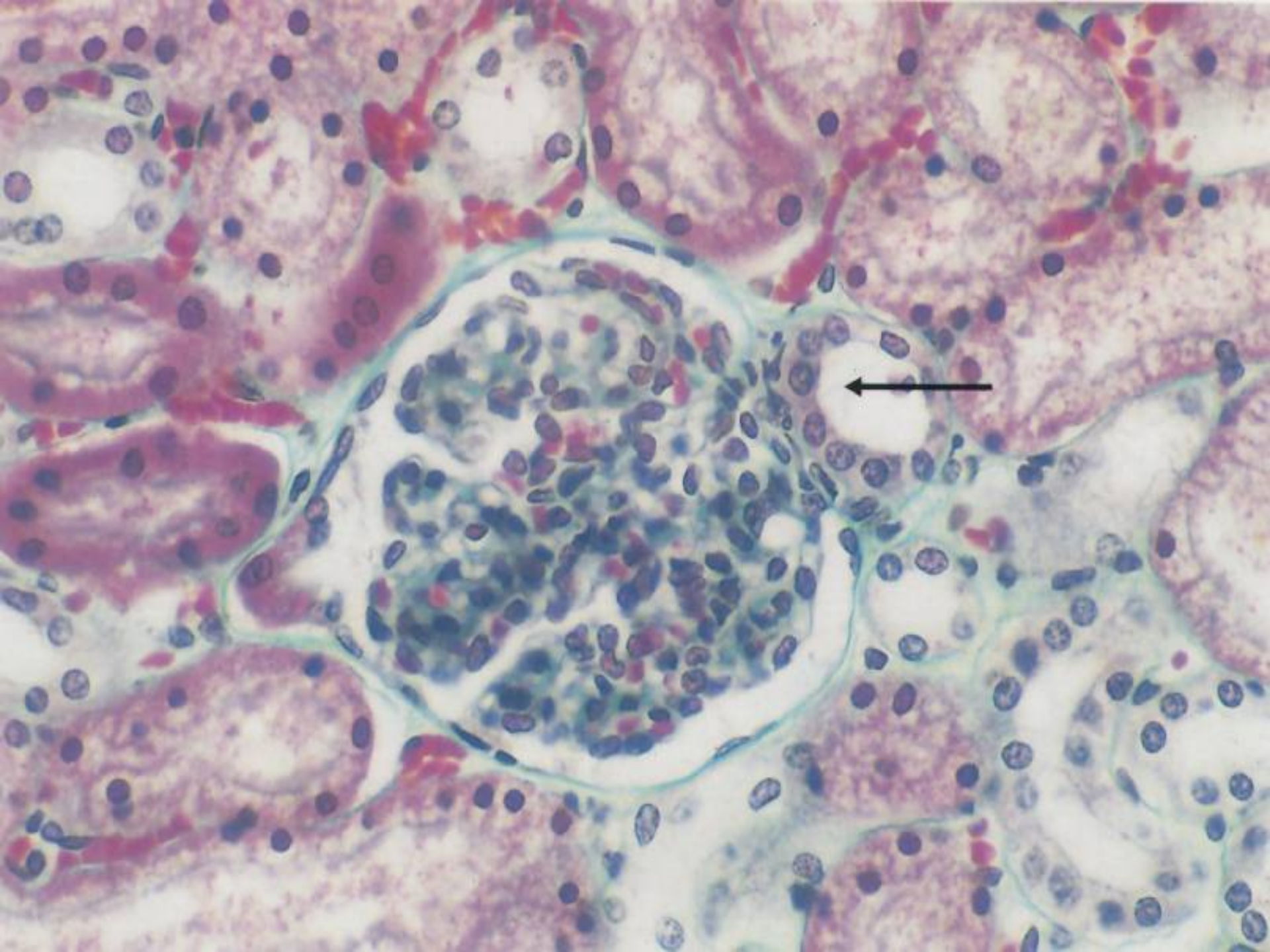
Extra glomerular mesangial cells (Lacis cells)

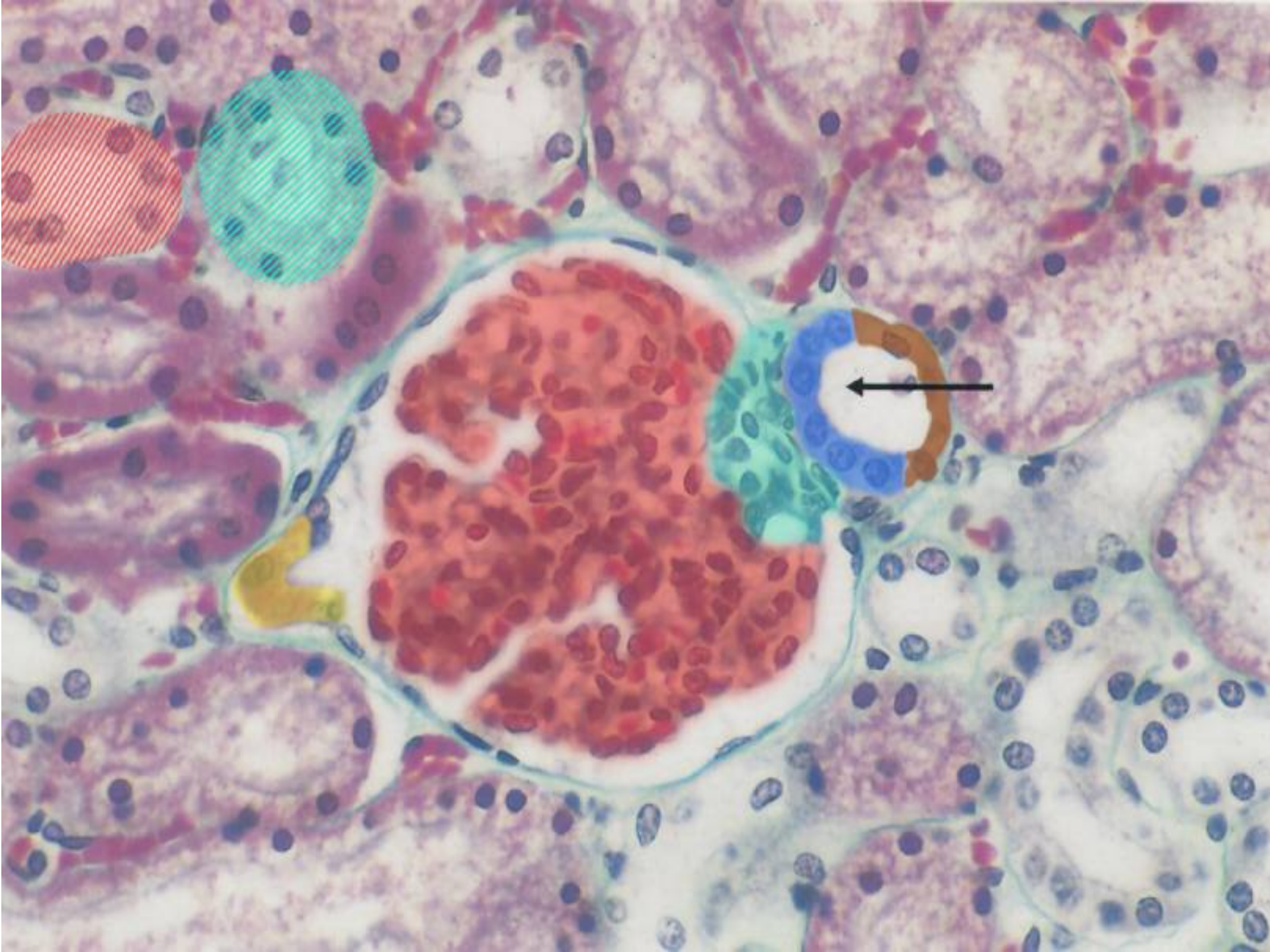
Play a role in autoregulation of blood flow to the kidney (exact functioning is not entirely understood)

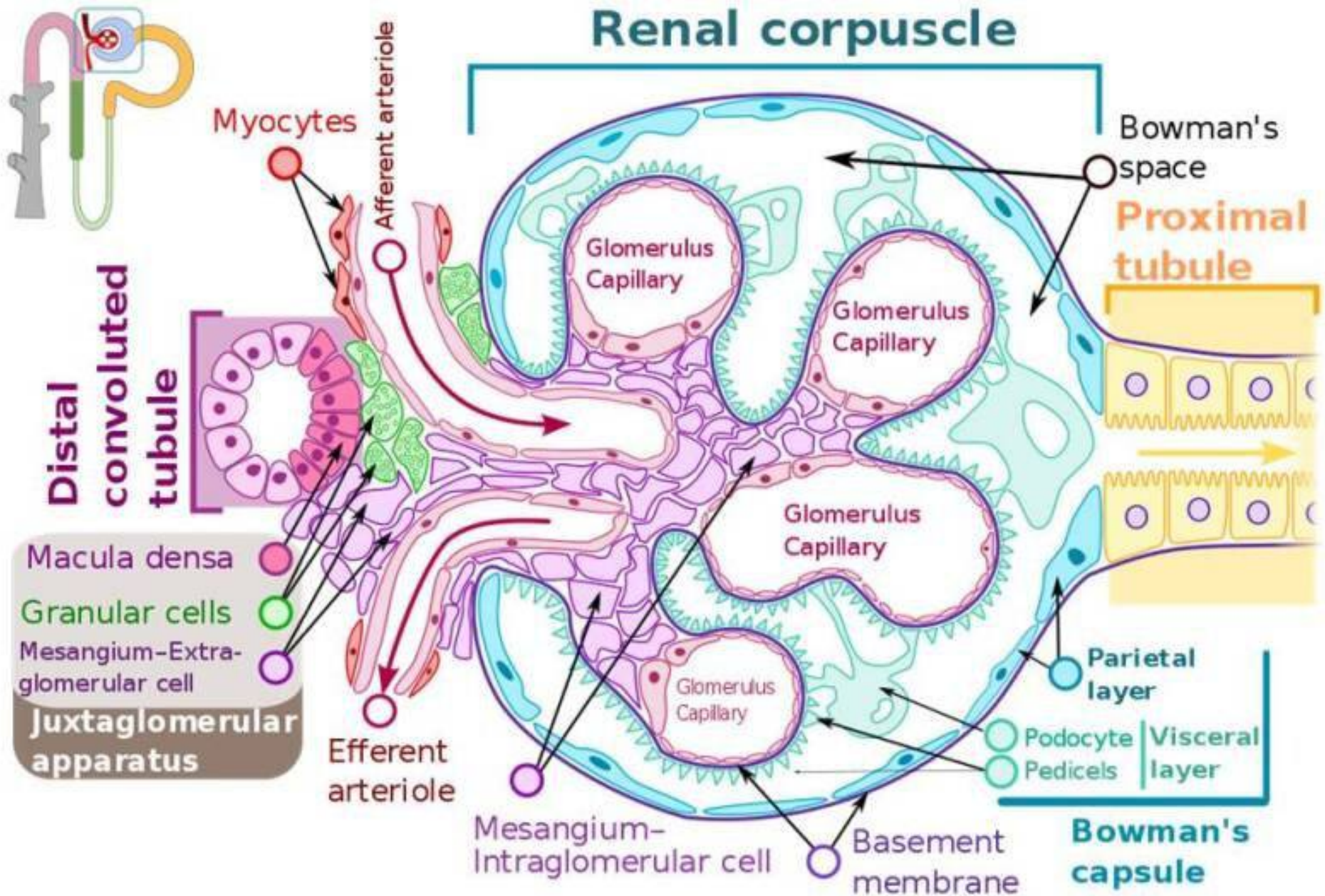
Form a network of cells, connecting the sensory cells of the macula densa with juxtaglomerular effector cells

May also signal to contractile glomerular mesangial cells and, thereby, directly affect vasoconstriction









3- Urinary Passages

They include calyces, renal pelvis, ureters, urinary bladder and urethra.

Each has the same histological structure: a mucosa consisting of Uroepithelium (transitional epithelium) and lamina propria of fibroelastic C.T., muscularis and adventitia.



Ureters

Retroperitoneal, hollow tubes that extend from the renal medulla (renal pelvis) to the urinary bladder

Contain smooth muscles that contract and relax in a wave-like manner (peristalsis) to propel urine forward towards the bladder

Microscopic anatomy

1- Mucosa:

Shows prominent longitudinal folds giving the lumen a stellate appearance.

Formed of uroepithelium (transitional epithelium) and underlying C.T. corium.



Uroepithelium is formed of 3 layers:

1. Basal layer: one layer of small basal cells resting on a very thin basement membrane.
2. Intermediate layer: one to several layers of polyhedral cells.
3. Superficial layer: "umbrella cells" large dome shaped cells, may be binucleated.

N.B.: Both transitional epithelium and extensive longitudinal folds allow distention of the ureter, so small stones can be voided in urine.

2- Musculosa:

The upper two thirds of the ureter has an inner longitudinal and an outer circular layer of smooth muscles.

The lower third has an additional outer longitudinal layer.

Contraction of these muscle layers produces peristaltic waves which propel urine along it towards urinary bladder.

3- Adventitia: Formed of fibroelastic C.T. containing blood vessels, nerves and lymphatics.



Urinary Bladder

Hollow, triangular-shaped organ

Located **extraperitoneally**, behind the pubic symphysis, within the pelvis, and beneath the peritoneum

Can hold ~ 500–1,000 ml of urine

Sensation of bladder fullness is felt at ~ 300–500 mL .

Contains smooth muscle (the detrusor muscle of the bladder) that contracts during micturition.



Microscopic anatomy

1- Mucosa:

a. Epithelium: formed of uroepithelium in which umbrella cells are well developed and have extensive intercellular junctional complex forming a unique apical membrane as contact with urine is greatest.

- In empty bladder: uroepithelium is 5-6 layers thick. Superficial cells "umbrella cells" are dome shaped .

- In full bladder: uroepithelium is 3-4 layers thick. Superficial cells become squamous.

b. C.T. corium (lamina propria): formed of fibroelastic C.T



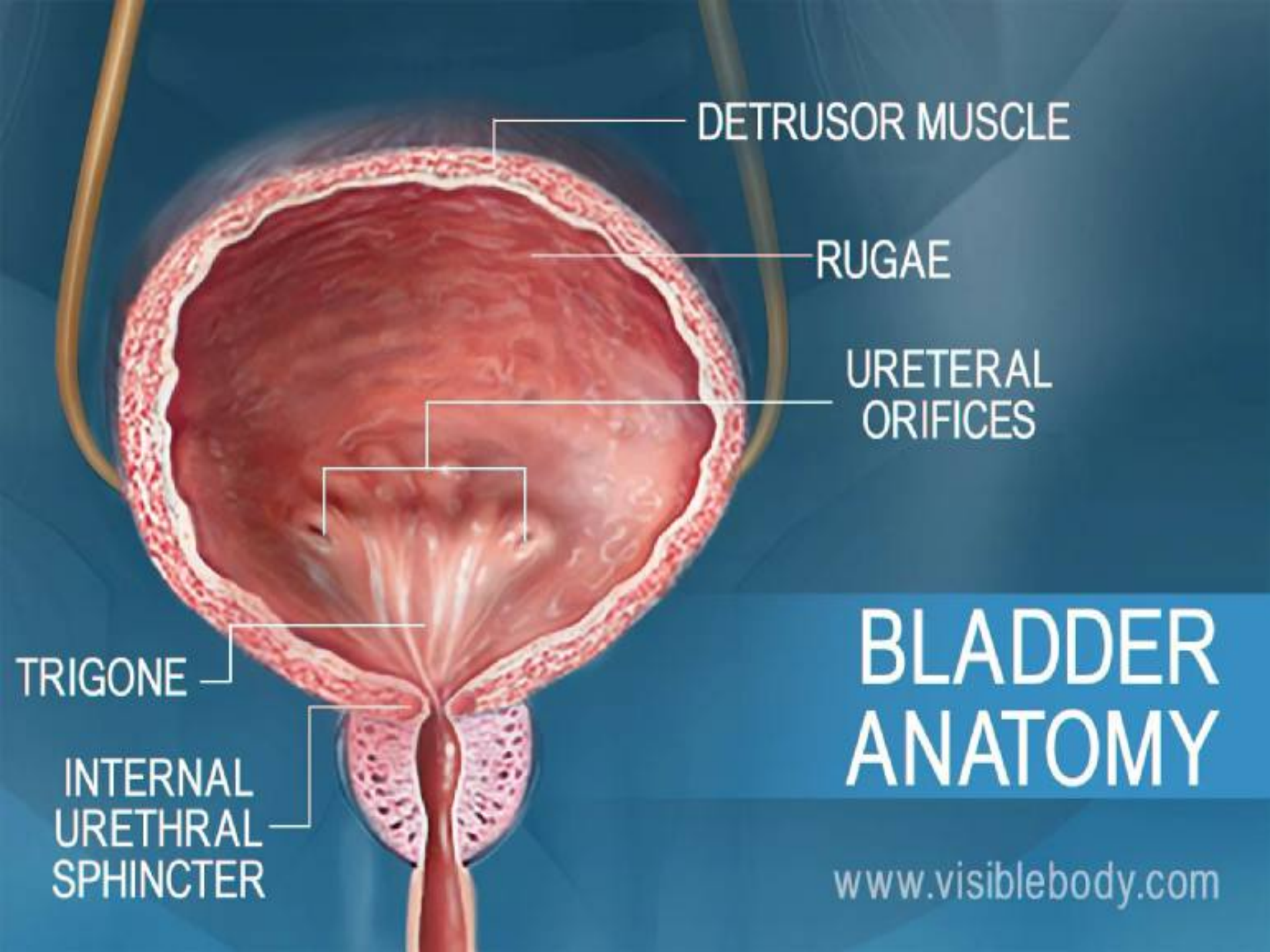
2- Musculosa:

- Formed of: inner longitudinal, middle circular and outer longitudinal smooth muscle.

Distal to the bladder neck, the inner longitudinal layer becomes circular to form the internal urethral sphincter.

3- Adventitia: the urinary bladder is covered by fibroelastic C.T. except the superior part which is covered by serosa (peritoneum).





DETRUSOR MUSCLE

RUGAE

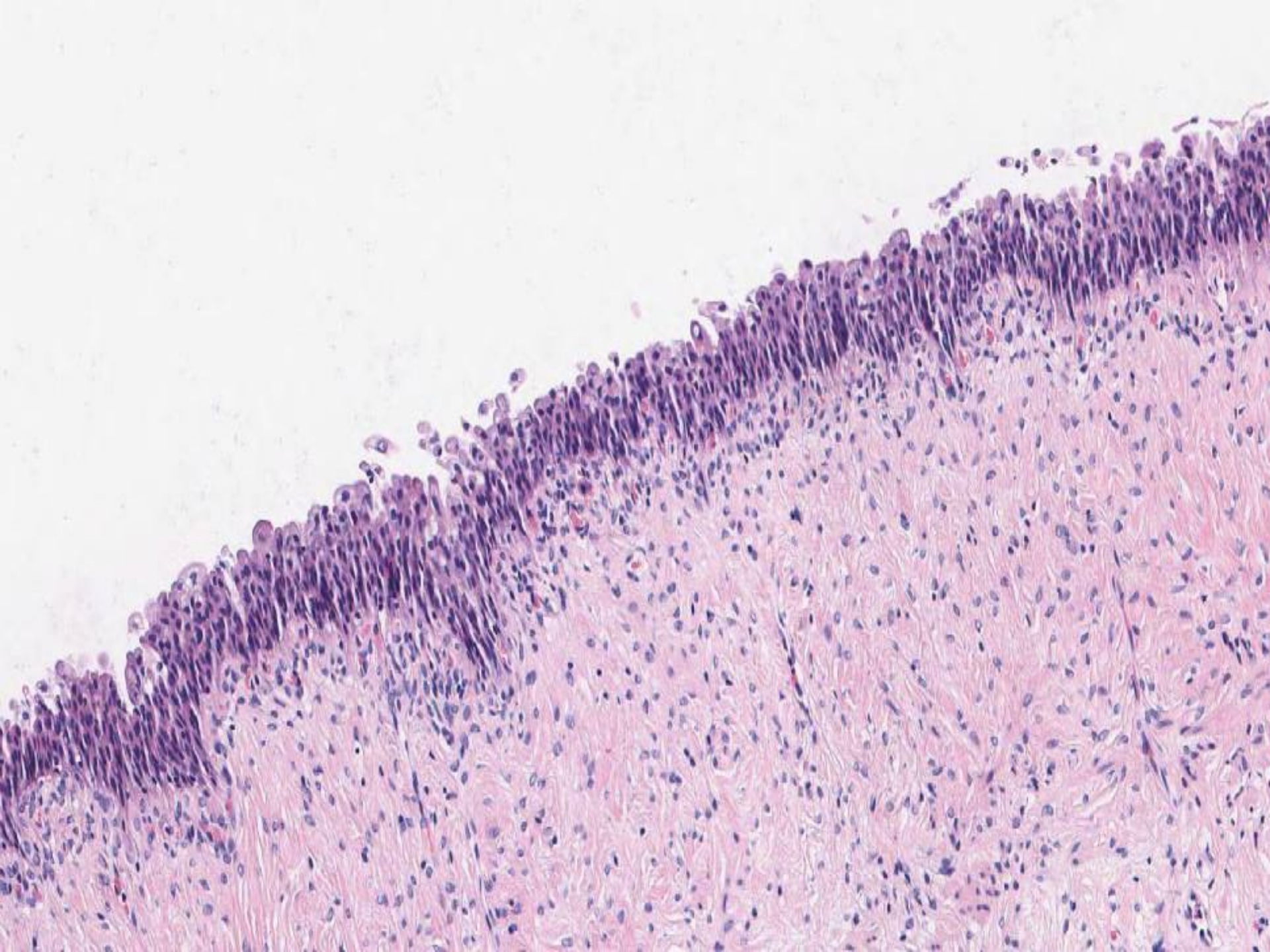
URETERAL
ORIFICES

BLADDER ANATOMY

www.visiblebody.com

TRIGONE

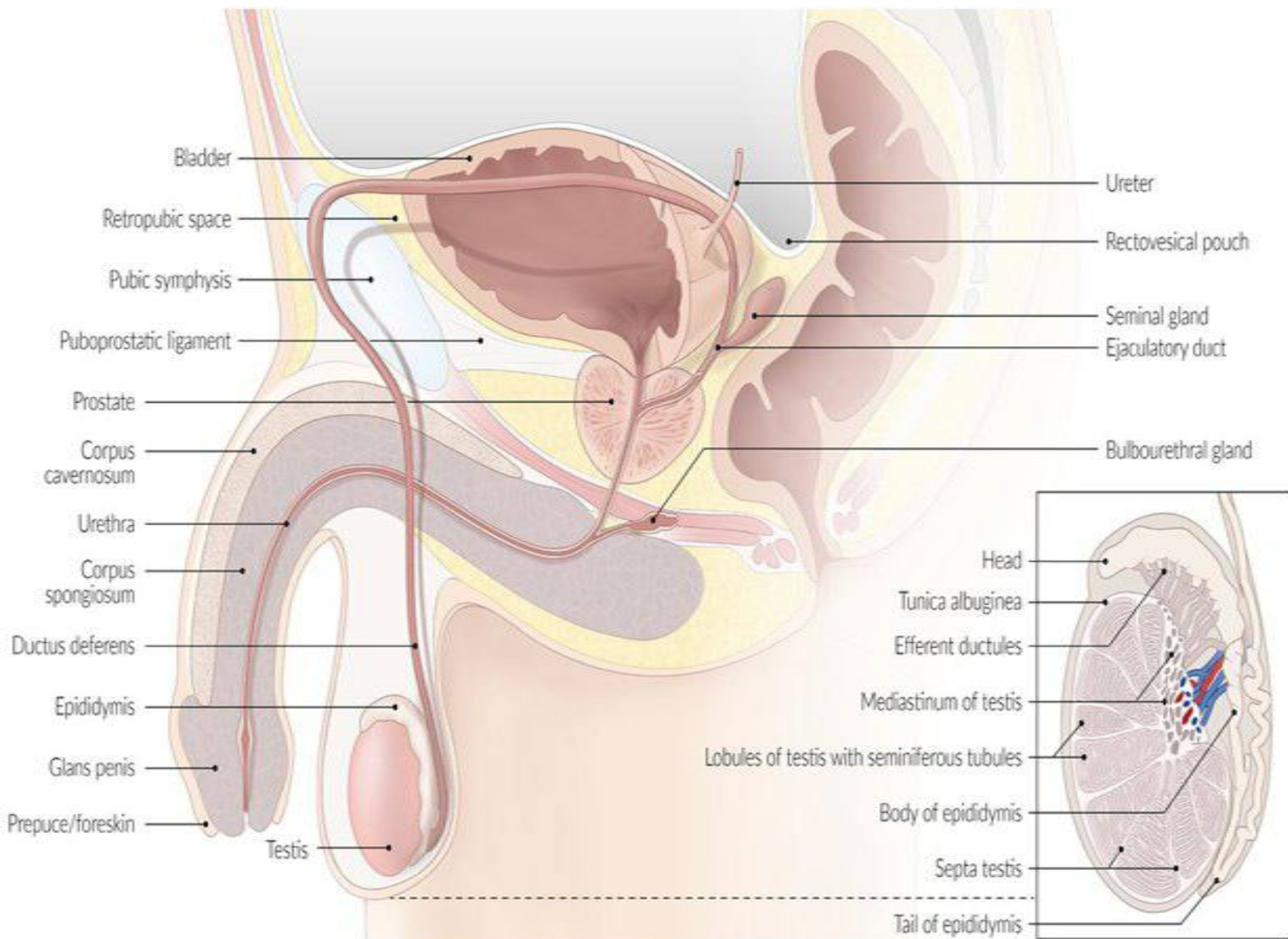
INTERNAL
URETHRAL
SPHINCTER



Urethra

Transports urine from the urinary bladder to the exterior of the body under control of the urethral sphincter





Male urethra:

A curved tube about 20 cm in length. Also, serves as a pathway for semen during ejaculation. It is divided into:

1- Prostatic urethra:

The initial part of urethra that passes through the prostate.

Lined with transitional epithelium.

It is surrounded by internal urethral sphincter

2- Membranous urethra:

A short part that passes through the urogenital diaphragm.

Lined with stratified or pseudo-stratified columnar epithelium.

It is surrounded by skeletal muscles of the pelvis forming external urethral sphincter



3- Penile (cavernous) urethra:

Located in corpus spongiosum of penis.

Lined with stratified columnar epithelium, which changes to stratified squamous in its distal dilated part

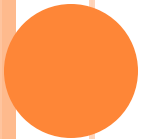
Open into it the ducts of glands of Littré.

Female urethra:

It is a short straight tube.

Lined with transitional, stratified or pseudostratified columnar then stratified squamous epithelium at its distal end.





Thank you