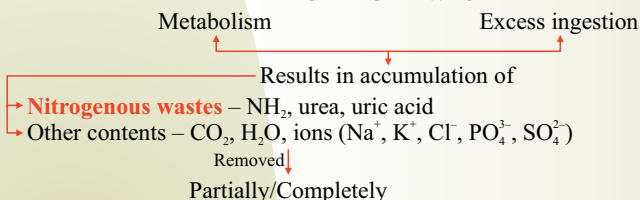


## Excretory Products and Their Elimination

### EXCRETORY WASTE



### NITROGENOUS WASTES

Nature of nitrogenous waste formed and their excretion vary among animals depending on the **habitat/availability of water**.

Major nitrogenous waste	Nature & Examples	Toxicity and water required	Typical
Ammonia	<b>Ammonotelic</b> <ul style="list-style-type: none"> <li>○ Aquatic insects</li> <li>○ Many bony fishes</li> <li>○ Aquatic amphibians</li> </ul>	Maximum	○ Diffusion through gills surface or body surface as ammonium ( $\text{NH}_4^+$ ) ions
Urea	<b>Ureotelic</b> <ul style="list-style-type: none"> <li>○ Marine fishes</li> <li>○ Many terrestrial amphibians</li> <li>○ Mammals</li> </ul>	Lesser	○ <b>Kidneys</b> filter urea from blood
Uric acid	<b>Uricotelic</b> <ul style="list-style-type: none"> <li>○ Land snails</li> <li>○ Insects</li> <li>○ Reptiles</li> <li>○ Birds</li> </ul>	Least	○ Pellet/Paste (Semi-solid)

- Ammonia converts into urea in liver.
- Elimination of urea, uric acid is meant for conservation of water i.e., a type of **terrestrial adaptation**.
- Kidneys do not play a significant role in removal of ammonia.
- Some amount of urea may be retained in the kidney matrix of some animals to maintain desired osmolarity.



## EXCRETORY STRUCTURES

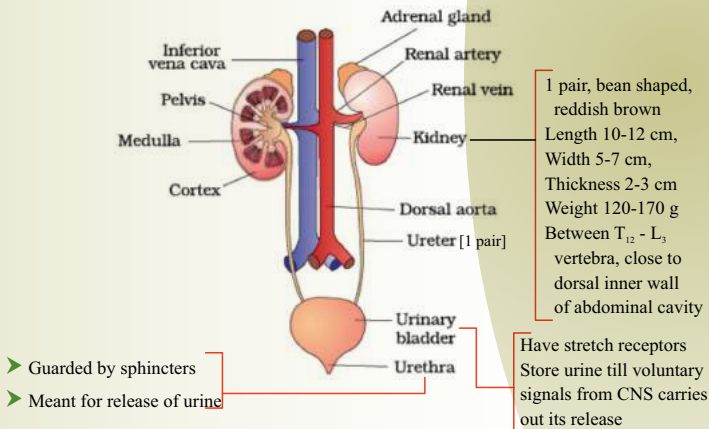
- Most invertebrates – Simple tubular forms.
- Vertebrates – Complex tubular organs called kidneys.

Structures	Examples
○ Protonephridia/flame cells (osmoregulation)	○ Platyhelminthes ( <i>Planaria</i> ) ○ Rotifers ○ Some annelids ○ Cephalochordates ( <i>Amphioxus</i> )
○ Nephridia	○ Annelids (Earthworms)
○ Malpighian tubules	○ Insects (Cockroaches)
○ Antennal/Green glands	○ Crustaceans (Prawn)

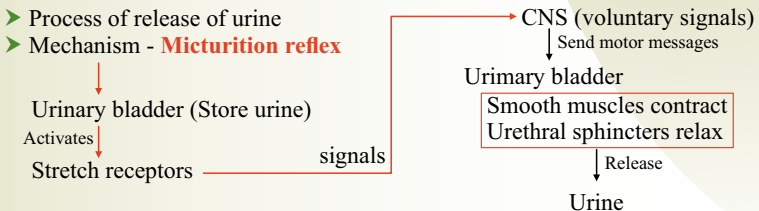
### • Function of excretory structures:

- Eliminate nitrogenous wastes.
- Maintain ionic and acid-base balance of body fluids, i.e., osmoregulation.

## HUMAN EXCRETORY SYSTEM



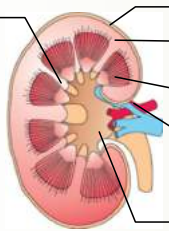
## MICTURITION



## KIDNEY

### Columns of Bertini/ Renal columns

- Part of cortex which extends between medullary pyramids



**Capsule**—outer tough covering

**Cortex** (Outer)→Malpighian corpuscle, PCT, DCT

**Medulla** (Inner)→Loop of Henle

### Hilum

- Notch towards concave surface
- Ureter, blood vessels and nerves enter

### Renal pelvis

- Funnel shaped space with projections called calyces

Medullary pyramids are conical masses that project into calyces.

## NEPHRON

- **Functional unit of kidney** ➤ Nearly **1 million** complex tubular structure
- Each nephron has two parts—(i) Glomerulus (ii) Renal tubule

**Afferent arteriole** (Short, wide)  
(Carry blood to glomeruli)

Malpighian body/  
Renal corpuscle

Glomerulus  
Bowman's capsule

**Efferent arteriole** (Narrow)  
(Carry the blood from glomeruli)

Peritubular capillaries

Proximal convoluted tubule

Distal convoluted tubule

**Henle's loop**  
(Hairpin shaped)

Descending limb  
of loop Henle

Ascending limb  
of loop Henle

### Vasa recta

- Branch of Peritubular capillaries
- Parallel to loop of Henle
- U-shaped

Collecting duct

### Types of Nephron

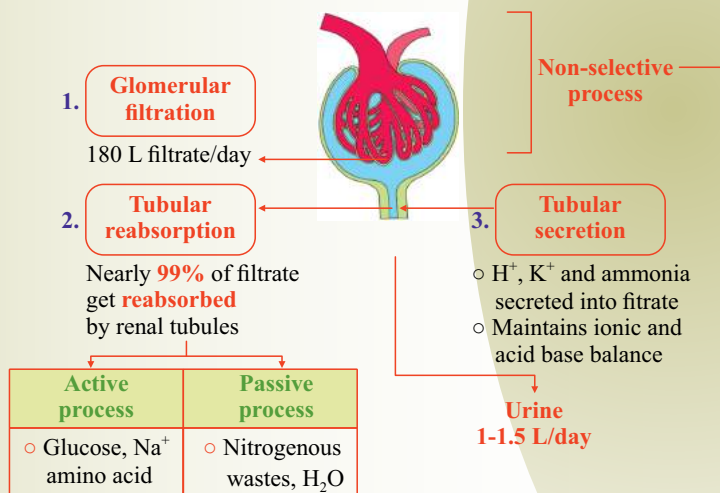
Parameters	Cortical	Juxtamedullary
<b>Number</b>	More	Less
<b>Loop of Henle</b>	Too short	Very long
<b>Extension into medulla</b>	Very little	Deep
<b>Vasa recta</b>	Absent/reduced	Present

- **Juxtaglomerular apparatus (JGA):** Sensitive region formed by cellular modifications in **distal convoluted tubule** and **afferent arteriole** at the location of their **contact**.
- JGA is composed of JG Cells and Macula densa.
- Nephrons are dipped in interstitial fluid having specific osmolarity
  - **Cortex** - 300 mOsm/L
  - **Medulla** - upto 1200 mOsm/L (Gradient)

- **Glomerulus** is a tuft of capillaries formed by **afferent arteriole** - a fine branch of renal artery.
- Many DCTs open into straight tube called **collecting duct**, many of which converge into renal pelvis through medullary pyramids in the calyces.
- **Efferent arteriole** emerging from glomerulus forms **peritubular capillaries** around renal tubule.



## URINE FORMATION



### Glomerular Filtration/Ultra filtration (Non selective process)

- 1/5<sup>th</sup> of cardiac output or 1100-1200 ml blood/min is filtered by kidneys

Renal Artery

Arterioles

(i) Endothelium of glomerular blood vessels

(ii) Basement membrane

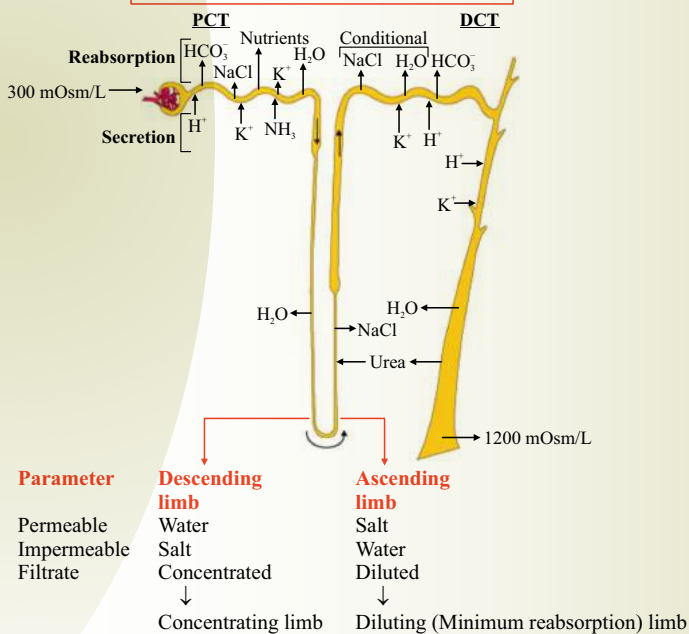
(iii) Epithelium of Bowman's capsule

**Filtration  
membrane**

Glomerular filtrate  
(Plasma except proteins)

- **Bowman's** capsule have **podocytes** arranged in intricate manner so as to leave some spaces called slit **pores/filtration slits**.
- Filtration is due to pressure in the glomerular capillaries.
- **Glomerular** filtration rate (GFR) = Filtration/min  
125 ml/min
- Kidney has an ability to regulate GFR.

### FUNCTIONS OF THE TUBULES

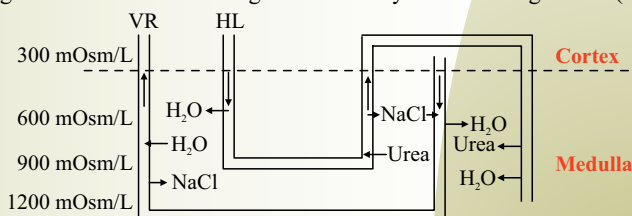


### PCT:

- Lined by **simple cuboidal brush border epithelium**.
- Nearly all essential nutrients, 70-80% electrolytes and water are reabsorbed.
- Major site of reabsorption & for selective secretion.

## COUNTER CURRENT MECHANISM TO CONCENTRATE FILTRATE

- Flow of filtrate in different limbs of following structures are opposite direction (**Counter current**):
  - Loop of Henle
  - Vasa recta
- Proximity of Henle's loop and Vasa recta and counter current in them increase osmolarity towards inner medullary interstitium (300 mOsm/L in cortex to 1200 mOsm/L).
- **Interstitium gradient is caused by NaCl and urea.**
- **NaCl** transported by ascending limb of Henle's loop exchanged with descending limb of vasa recta and is returned to medullary interstitium by ascending limb of Vasa recta.
- **Urea** which enters in thin part of ascending limb of Henle's loop is transported back to interstitium by collecting tubule.
- This mechanism maintain **interstitial concentration gradient** that helps in easy passage of water from collecting tubule thereby concentrating filtrate (urine).



- **Henle's loop primarily helps to maintain osmolarity gradient in kidney interstitium.**
- **Mammals have ability to produce concentrated urine.**

## REGULATION OF KIDNEY FUNCTION/GLOMERULAR FILTRATION RATE

### Hypothalamus

**Low blood volume/  
Body fluid volume/  
Ionic concentration**

Activate ↓

**Osmoreceptors** of hypothalamus to release ADH/Vasopressin from neurohypophysis

Work ↓

- Constrict blood vessels
- Increase reabsorption of water from DCT (Prevent diuresis)

Result ↓

### JGA

**Low GFR/  
Glomerular blood flow/  
Glomerular blood pressure**

Activate ↓

JG cells to release **renin**

Angiotensinogen →

Angiotensin I

**Angiotensin II**

Work ↓

- Constrict blood vessels
- Activate adrenal cortex to release aldosterone, that causes reabsorption of  $\text{Na}^+$  and water

### Heart

**Increase blood flow to atria of heart**

Release of ANF (Atrial natriuretic factor)

Work ↓

Vasodilation

Result ↓

- Blood pressure decrease
- GFR decrease

- Blood volume increases
- Blood pressure increases
- GFR increases

**Increase in blood volume**

Switch off

Osmoreceptors

Suppress

ADH/Vasopressin

Result

- Blood pressure increase
  - GFR increase
- (**Renin-Angiotensin** mechanism)

ANF mechanism acts as a check on **Renin-Angiotensin mechanism (RAAS)**

### CHARACTERISTICS AND COMPOSITION OF URINE

- **Colour** - Light yellow
- **pH** = 6
- **Odour** - Characteristic
- Human kidneys can produce urine nearly **4 times** concentrated than initial filtrate.
- **Urea** - 25-30 gm/day
- Various conditions can affect characteristics of urine.

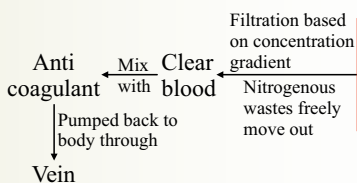
Abnormal constituents of urine	Condition	Indicate
Glucose	Glucosuria	Diabetes mellitus
Ketone bodies	Ketonuria	Diabetes mellitus

Analysis of urine helps in clinical diagnosis of many metabolic disorders as well as malfunctioning of the kidneys.

### DISORDERS OF EXCRETORY SYSTEM

Disorders	Symptoms or Treatment
<b>Renal calculi</b>	Stone or insoluble mass of crystallised salts (e.g., oxalates)
<b>Glomerulonephritis</b>	Inflammation of glomeruli of kidney
<b>Renal/kidney failure</b>	<p>Malfunctioning of kidneys lead to accumulation of <b>urea in blood (Uremia)</b>, highly harmful, may lead to kidney failure.</p> <p><b>Treatment</b></p> <p>(i) <b>Haemodialysis: Process to remove urea from blood</b></p> <p>Boon for thousands of uremic patients all over the world.</p> <p>Blood drained from artery <math>\xrightarrow{\text{Mix with}}</math> <b>Heparin (Anticoagulant)</b> <math>\downarrow</math> Pumped through</p>

**Composition of dialysing fluid is same as plasma except the nitrogenous wastes**



**Dialysing unit**  
**Artificial kidney**  
 Porous cellophane tubes surrounded by dialysing fluid

## (ii) Kidney transplantation

Ultimate method in correction of **acute renal failure**

- Functional kidney is taken from donor
- To minimize rejection, **close relatives** are **preferred** as donor
- Modern clinical problems have increased success rate of such complicated techniques

## ROLE OF OTHER ORGANS IN EXCRETION

Accessory structure	Remove	Basic work
<b>Lungs</b>	CO <sub>2</sub> , water	<ul style="list-style-type: none"> <li>○ Remove large amount of CO<sub>2</sub> approximately <b>200 mL/min</b></li> <li>○ Remove significant quantity of water</li> </ul>
<b>Liver (Largest gland)</b>	Bilirubin, vitamins biliverdin, drugs cholesterol, degraded steroid hormones	<ul style="list-style-type: none"> <li>○ Remove large amount of CO<sub>2</sub> approximately <b>200 mL/min</b></li> <li>○ Remove significant quantity of water</li> </ul>
<b>Skin</b> <ul style="list-style-type: none"> <li>○ Sweat gland</li> </ul>	Sweat contains <ul style="list-style-type: none"> <li>○ NaCl</li> <li>○ Urea</li> <li>○ Lactic acid</li> </ul>	<ul style="list-style-type: none"> <li>○ Primary function of sweat is to facilitate <b>cooling effect</b> on body surface</li> </ul>
<ul style="list-style-type: none"> <li>○ Sebaceous gland</li> </ul>	Sebum contains <ul style="list-style-type: none"> <li>○ Sterols</li> <li>○ Hydrocarbons</li> <li>○ Waxes</li> </ul>	<ul style="list-style-type: none"> <li>○ Sebum provides a protective oily covering for the skin</li> </ul>
<b>Salivary glands</b>		<ul style="list-style-type: none"> <li>○ Small amount of nitrogenous wastes are eliminated through saliva</li> </ul>