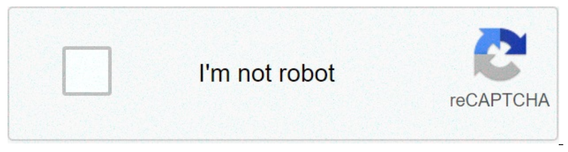

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Chapter 15 urinary system worksheet answers

The urinary system consists of kidneys, ureteries, bladder and urethra. Its main function is production, storage, and urine expulsion. Rene kidneys have different functions: excretion - elimination of water-soluble metabolic waste and foreign substances as urine regulations - maintaining a volume of appropriate fluid and concentrations of various electrolytes in bodily fluids, maintain normal blood pressure, and keep the pH of blood endocrine - Renina hormone secretion - Eritropoietine blood pressure regulation - stimulates the production of red blood cells Vitamin D - Adjusting football levels Examine the overall structure of the kidney. The nephrone is the functional unity of the kidney. Each nephrone includes a filter (renal corpuscle), and a single, long tubule (renal tubule) through which the filtered passes before emerging as urine. Each nephrone is supported by a thin layer of connective tissue. The urine is unchanged after leaving the kidney. During the development of the kidney, additional renal corpuscles form in the outer cortex as the kidney grows. Those who are more deep in the inner cortex are more mature. The ureters are fibromuscular tubes that the transport of urine from peristalsi from the kidney to the bladder. Like the bladder, it is flanked by transition epithelium (ulterelium). The urinary bladder is a muscular bag that stores urine, which allows the urination of being little frequent and voluntary. It flanked by transition epithelium (ulterelium), and has a thick layer of smooth musculature. Copyright Â © 2005-2021. T. Clark Brelje and Robert L. Sorenson. All rights reserved. Tubular reabsorption and resorption tubular secretion occurs in the PCT part of the renal tubule. Almost all nutrients are reabsorbed, and this happens both with passive or active transport. Water reabsorption and some key electrolytes are adjusted and can be influenced by hormones. Sodium (NA +) is the most abundant than ion and most of it is reabsorbed by active transport and then transported to peritubular capillaries. Because Na + is actively transported out of the tubule, water follows it to standardize osmotic pressure. Water is also reabsorbed regardless of peritubular capillaries due to the presence of water-sinks, or water channels, in the PCT. This occurs due to low blood pressure and high osmotic pressure in peritubular capillaries. However, each solution has a maximum of transport and excess is not reabsorbed. In the Henle cycle, the permeability of the membrane changes. The descending section is permeable to water, not solved; The opposite is true for the ascending trait. Furthermore, Henle invades renal medullare, which is naturally high concentration of salt and tends to absorb water from the renal tubule and focus filtered. Osmotic gradient increases while moving more depth in the marrow. Because two sides of Henle perform opposite functions, as illustrated in Figure 22.8, acts as amultiplier. The Vasa rents that surrounds it acts as a countercurrent exchanger. Figure 22.8.ã, the Henle ring acts as a countercurrent multiplier that uses energy to create concentration gradients. The descending limb is permeable to water. The water flows from the filtered to the interstitial fluid, therefore the osmolalitÃ ™ inside the limb increases as it descends into the renal marrow. In the lower part, osmolalitÃ is greater within the loop that in the interstitial fluid. Thus, while the filtrate enters ascending limb, the na + and cl ions come out through the ion channels present in the cell membrane. Higher, NA + is actively transported out of filtered and close. Osmolarity is expressed in a mini-million liter unit (MOSM / L). The diuretics of the ring are sometimes used drugs to treat hypertension these drugs inhibit the reabsorption of ions na + and clÃ ¢ â € ™ ascending limb of the Ring of Henle. A collateral effect is that urge increases. Why do you think it's so? When the filtrate reaches the DCT, most urine and solutes have been reabsorbed. If the body needs additional water, all can be reabsorbed at this point. The further resorption is regulated by hormones, which will be discussed later. The waste excretion takes place due to the non-absorption combined with tubular secretion. Unwanted products such as metabolic waste, urea, uric acid, and some drugs are excreted for tubular secretion. Most tubular secretion takes place in the DCT, but a part occurs in the initial part of the collection duct. The kidneys also maintain an acid-base balance securing excess H + ions. Although parts of the renal tubules are named proximal and distal, in a cross-section of the kidney, the tubules are positioned close and in contact with each other and the glomerulo. This takes into account the exchange of chemical messengers between different types of cells. For example, the Henle Ring Ascending ART has cell masses called dense macula, which are in contact with the arterile cells related calls Juxtaglomerular cells. Together, the dense macula and juxtaglomerular cells form the juxtaglomerular complex (JGC). The JGC is an endocrine structure that secretes its renin enzyme and the erythropoietin hormone. When the hormones activate the dense macula cells in the DCT due to variations of blood volume, blood pressure, or electrolytic balance, these cells can immediately communicate the problem to the capillaries in the aforesaered and efferent arterioles, which can restrain or relax to change the speed of Glomerular kidney filtration. A nephrologist studies and deals with kidney disease, both those that cause kidney failure (such as diabetes) and the pathologies that derive from them (such as hypertension). Blood pressure, volume and changes in the electrolytic balance fall within the sphere of competence of a nephrologue. Nephrologists usually work with other doctors who direct patients to them or consult them consultspecific diagnosis and treatment plans. Patients are usually addressed to a nephrologist for symptoms such as blood or protein in the urine, very high blood pressure, kidney stones, or kidney failure. Nephrology is a subspecialty of internal medicine. To become a nephrologist, medical school is followed by additional training to become certified in internal medicine. Two or more years are spent specifically studying kidney disorders and their side effects on the body. The kidneys are the main osmore-regulatory organs in mammals systems; work to filter the blood and maintain the osmolarity of the body fluids at 300 mOsm. They are surrounded by three layers and consist internally of three distinct regions: bark, marrow and pelvis. The blood vessels carrying the blood in and out the kidneys are born from and merge with the aorta and the lower vein, respectively. The renal arteries branch out from the aorta and enter the kidney where they are further divided into segmental, interlobed, arcuate, and corticale radiato arterie. Nephron is the functional unit of the kidney, which actively filters blood and generates urine. The nephron is made up of the renal corpuscle and the renal piping. Cortical nephrons are found in the renal cortex, while juxtamidollar nephrons are located in the renal cortex near the kidney cord. The nephrone filters and exchanges water and solutes with two blood vessels and the tissue fluid in the kidneys. There are three stages in the formation of urine: glomerular filtration, which occurs in the glomerulo; tubular reabsorption, which occurs in the renal piping; and tubular secretion, which also occurs in the renal piping. Which of the following statements about the kidney is false? The renal basin drains into the ureter. The kidney pyramids are in the marrow. The bark covers the capsule. Nephrons are in the kidney cortex. Which of the following statements on nephron is false? The collection duct is emptied in the twisted distal piping. Bowman's capsule surrounds the glomerulo. The ring of Henle is located between the connoisseurs and detachments. Henle’s ring is emptied in the twisted distal piping. The dense macula is/are: present in the kidney marrow. dense fabric present in the outer layer of the kidney. cells present in the DCT and collecting tubules. present in blood capillaries. Body fluid osmolarity is maintained at _____. 100 mOsm 300 mOsm 1000 mOsm is not maintained constantly The gland at the top of the kidney is the gland _____. adrenal thyme The ring diuretics are drugs sometimes used to treat hypertension. These drugs inhibit the reabsorption of Na+ and Clâ¡ ions from the ascending limb of the Henle ring. A side effect is that they increase urination. Why do you think it is? Why Henle’s ring and straight vase are important forConcentrated urine formation? Describe the structure structure The kidney. Answer C to C B to the vendor diuretics reduce the excretion of salt in the renal marrow, thus reducing its osmolalitÃ. As a result, less water is excreted in the marrow from the descending limb, and more water is excreted in the form of urine. The Ring of Henle is part of the renal tubule that connects to the renal marrow. In the Henle loop, the filtrate exchanges solutes and water with the renal marrow and the straight vase (peritubular capillary network). The Vasa rent acts as a counter-current exchanger. The kidneys maintain the osmolality of the rest of the body to a constant of 300 MOSM focusing the filtrate while passing through the Henle ring. Externally, the kidneys are surrounded by three layers. The outer layer is a hard layer of connective tissue called renal band. The second layer is called perirannal fat capsule, which helps to anchor the kidneys into place. The third and more layer is the kidney capsule. Internally, the kidney has three regions: an external bark, a marrow in the middle, and the renal basin in the region called the kidney of the kidney, which is the concave part of the shape of the «beanâ». Further arteriole that branches from the radiata cortem artery and enters the artery artery arched artery which branches off from the interlobar artery and arates above the base of the ascending renal pyramids part of the articulation of Henle which rises from the renal marrow To the capsule structure of the renal cortex of Bowman which contains the structure Glomerulus Calix that connects the renal basin to the outer bark of the renal marrow (animal) layer of an organ like the kidney or adrenal gland cortical irradiated artery that radiates from arched arteries into the renal cortex Cortical Nefron located in the kidney cortex counter-current exchanger peritubular capillary network. Solue exchanger and water from renal tubules counter-current multiplier osmotic gradient multiplier in the renal marrow responsible for the concentration of urine that descends from the henle loan that descends From the renal bark in the distort renal marrow Tubulo (DC T) part of the renal tubule more distant from the efficient arterile glomerulus that comes out of the glomerulus glomerular blood filtration in the widespread glomerular network in the glomerulo glomerular filtration speed (GFR) quantities of filter formed by the glomerulo for minute glomerulo (renal) part of the renal corpuscule which contains the ILO region of the capillary network in the renal basin where blood vessels, nerves and ureters accumulate before entering or coming out of the lower hollow vein of the kidney one of the main veins of the interlobed artery of the human body that branches from € ™ segmental artery and travels among the kidney lobes juxtaglomerular cells in the aforesae and efferent arterioles that responds to the stimuli of the dense macula nefron juxtamedularry found in the cortex but near the kidney organ of the kidney medulla renale renale that performs the excretum and the osmorere functions lobe of the kidney pyramid of the capillaries, along with the corule cycle of the kidney of the urine that connect the branches of the kidney kidney kidney kidney renal

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