



Visualization of Kidney Dynamics

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Functional and Therapeutic Studies in Vivo



Molitoris and Sandoval AJP, 2005

Visualizing Glomerular Function





500K Mw FITC-Dextran (Green)

10K Mw Rhodamine Dextran (Red

Hoechst 44432 (Blue)



Glomerular Permeability and Vascular Clearance





Reducing Scan Size

5 Frames/sec 500kDa FITC Dextran with 3kDa TR Dextran Injection



Visualizing Filtration the Basement Membrane & Podocyte



Question:

What are the Underlying Mechanisms of Proteinuria?

Hypothesis:

Glomerular Filtration as well as Proxmal Tubule Reabsorption are Critical Determinants of Proteinuria





VOLUME 71 | ISSUE 6 | MARCH (2) 2007 http://www.kidney-international.org **Albumin filtration**

Classification of lupus nephritis

Peritoneal dialysis solutions



Figure 1 | Comparison of the current model of renal albumin handling, as described in most of the publication, with the new model proposed by Russo *et al.* GSC, glomerular sieving coefficient.



Fast Track

Rf-2 Gene Modulates Proteinuria and Albuminuria Independently of Changes in Glomerular Permeability in the Fawn-Hooded Hypertensive Rat

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e report that Rab38, a gene within the Rf-2 locus appears to influence the development of proteinuria (UPV) and albuminuria (UAV) in fawnhooded hypertensive rats (FHH). Using congenic animals, we narrowed the region to eight genes; however, only one gene had a sequence variant. Rab38 has a mutation in the start codon, resulting in a natural knockout in the FHH strain. Despite no differences in glomerular albumin permeability, congenic animals carrying the wild-type Brown Norway (BN) allele of Rab38 on the FHH background exhibited, on average, 40% and 60% less UPV and UAV, respectively, than FHH. These findings suggest that Rab38 may modulate the tubular processing of filtered proteins without affecting the glomerular filtration barrier. This is the first gene reported for an animal model of hypertension-associated renal failure. This gene resides on human chromosome 11, which has been linked to renal disease.

The genetic dissection of quantitative traits, such as renal failure, has proven a challenging task in humans because of their polygenic nature and interactions with the environment (19.27). One solution is to use animal models to study the genetic basis of ESRD (17,18). The first direct genetic evidence for hypertension-associated renal disease came from the FHH strain, in which five genomic regions or quantitative trait loci (QTL) (Rf-1 through Rf-5) have been linked to the development of UPV, UAV, and focal glomerulosclerosis (1,2,31). Since then, several groups have found the homologous regions in humans to be also linked to renal failure (10,13,9,37). The Rf-2 locus, located on rat chromosome 1, showed a recessive mode of inheritance with significant linkage to UPV (logarithm of the odds ratio score 5.39) and UAV (logarithm of the odds ratio score 6.50) (31). This locus accounts for approximately 30 to 40% of the urinary protein excretion (1). Studies in other rat

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models of renal failure have confirmed a role for the Rf-2 region in the development of UPV and UAV (33,28,38,29). In addition, Winn et al. (37) have reported linkage to a familial form of focal segmental glomerulosclerosis (FCS) in a region of human chromosome 11 syntenic to Rf-2 in rat. In this study, we report that a natural knockout of the Rab33 gene is likely the Rf-2 gene. We investigated the effects of restoring Rab38 protein expression on UPV, UAV, and the permeability of isolated glomeruli to albumin. Finally, through comparative genomics we constructed a map of the syntemy between the rat and human QTLs at the gene level of resolution.

Materials and Methods

Generation of Congenic Animals and Sequencing of Candidate Genes

All experiments were performed in compliance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals. Congenic animals were developed by marker-assisted selective breeding of FHH and BN rats as reported previously (25). Sequencing of positional candidate genes was performed using genomic DNA and cDNA on an ABIB730 capillary sequencer according to the manufacturer's suggested protocol.

Urinary Protein/Albumin Excretion and Assessment of Glomerular Permeability

Urine from 12-wk-old animals, fed standard rat chow, was collected in two consecutive 24 h periods and analyzed for total protein by the Weichselbaum's Biuret method (36). Albumin excretion was measured using the ABS80 assay (16). Results are reported as the average of the two collection days.

Glomerular permeability was determined using an *in vitro* functional assay as described previously (30).

Blood Pressure Measurement

BP was measured directly, in conscious rats, by cannulation of the right femoral artery as reported before (34).

Western Immunoblotting

Proteins from an SDS-polycrylamide gel electrophoresis of whole kidney homogenate of 12-wk-old FHH, BN, and FHH.BN-Rab38 con-

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Albumin Filtration and Reabsorption in the Rat



Albumin Filtration and Reabsorption in the Rat

Effect of Early Diabetes in the Rat on Albumin Filtration and Reabsorption

69 kDa FITC -Dextran

ALEXA 586 Albumin

Russo et.al. JASN 2009

Effect of Early Diabetes in the Rat on Albumin Filtration and Reabsorption

Russo et.al. JASN 2009

Challenges

- 1. Dogma, Assumptions, Biology, Reagents, Sensitivity
- 2. Quantitative Analysis without Gold Standards
- 3. You See What you are Looking For
- 4. Correcting for Depth of Field
- 5. Going Deeper
- 6. Out of Focus Fluorescence
- 7. Physiologic state of the rat

24 Hr CLP Glomerular Flow Heterogeneity

Large 150 kDa dextran

Small 3 kDa dextran

Quantifying Glomerular Filtration

GFR as a Marker of Kidney Function in AKI

- 1. Historical Marker of Global Kidney Function
- 2. Multiple Techniques but either Lack Accuracy or Speed of Determination
- **3.** No Clinically Usable Technique for AKI
- 4. In AKI would have Diagnostic and Severity of Injury Capabilities
- 5. An Accurate GFR would allow for Earlier Initiation and Termination of RRT
- 6. May have a Role in Surveillance Technology

Ideal Characteristics of GFR Technique

- **1.** Safe, Inexpensive, Repeatable and Accurate
- 2. Rapid at Bedside Readout
- 3. Display Data for Interpretation and Evaluation of Test
- 4. Minimally Invasive or Noninvasive
- 5. Administered by Nursing Personnel
- 6. Independent of Vascular Permeability

Why is GFR not Determined in AKI Now?

- 1. Multiple "Gold Standard" Techniques have been developed
- 2. Sampling methods such as inulin, iohexol, or iothalimate clearance:
 - All require 6+ hours to administer test multiple blood draws
 - Require samples to be sent for outside lab analysis, requiring days
 - Possible radiation exposure from injected marker
 - Require moving the patient
 - Too expensive, time consuming and cumbersome to be practical

SCr and eGFR: Inadequate Measures in AKI

• By the time SCr rises above normal, 50% of kidney function has been lost

Quantifying Glomerular Filtration

Quantifying Glomerular Filtration in Rats

Converting from a Microscope to Portable Technique

- Fluorescent Markers, No Change form Microscopic Technique

 A. Large Dextran for Vascular Volume Measurement
 B. Small Free Filterable Dextran for Rate Determination
- 2. Excitation Generation and Emission Detection Device Needed
- **3.** Optical Probe for Delivery of Excitation Pulse and Recovery of Emission Signal
- 4. Data Storage and Software Analysis
- **5. Raising MONEY**

"Advancing" to the Dark Side

Commercialization: Bench to Bedside

Discovery using expensive 2-photon laser requiring surgery to visualize exteriorized kidney

Comparison Between the Microscope Technique vs. the Portable Technique

Inexpensive, portable LED-based device using fiber optic introduced through standard 18g catheter to read markers

Measuring Fluorescence Through 18g Catheter Big Catheter

FAST Clinical GFR Technique

GFR Determination in Dogs Via A Peripheral Vein

New Technology In Development for Rapid GFR

- 1. Repeatable, accurate, rapid GFR determination at bedside
- 2. Minimally invasive optical device
- 3. Rich data for interpretation and evaluation of test
- 4. Able to be administered by nursing personnel
- 5. Independent of vascular permeability

Table 1. Investigational uses for multi-photon microscopy

Glomerular Size/volume Permeability/filtration Fibrosis/sclerosis Microvasculature **RBC** flow rate Endothelial permeability WBC adherence/rolling Vascular diameter Cellular uptake Cell type-specific uptake Site - apical vs. basolateral membrane Mechanism - endocytosis vs. carrier/transporter mediated Cellular trafficking Intracellular organelle distribution Cytosol localization Cellular metabolism Fluorescence decay over time Cell toxicity Cell injury in necrosis, apoptosis Surface membrane/blebbing Mitochondrial function Glomerular filtration rate determination

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